

PABLO HERNANDEZ  
CDCR NO. P-95426  
P.O.BOX 409040  
Ione, Ca 95640  
March 26, 2020

**FILED**


APR 10 2020

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY Jms  
DEPUTY CLERK

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF CALIFORNIA

PABLO HERNANDEZ  
VS.  
CDCR, WARDEN OF CSP-SAC  
& CORRECTIONAL OFFICERS  
IN AD-SEG (ASU)

CIVIL RIGHTS COMPLAINT  
UNDER 42 U.S.C 1983  
(STATE PRISONER)

2:20 - CV 0739 -  DB PC  
AA

I'm asking the court to appoint me a civil Attorney for my civil  
Lawsuit I have where the California Department of Corrections and  
Rehabilitation admitted that staff did violate policy and they GRANTED my  
602 on the third level of appeals and I asked them for \$6,500,000.00 and  
now I need an Attorney to help me get what California Department of  
Corrections and Rehabilitation Granted me on the third level of appeals.

Sincerely,

  
Pablo Hernandez

Plaintiff's Name PABLO HERNANDEZCDCR No. P-95426Address P.O. BOX 409040IONE, CA 95640

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF CALIFORNIA

PABLO HERNANDEZ

(Name of Plaintiff)

(Case Number)

vs.

**CIVIL RIGHTS COMPLAINT UNDER:**☒ 42 U.S.C. 1983 (State Prisoner)California Department ofCorrections,Warden of CSP-SAC & CorrectionalOfficers From AD-SEG (ASU)

(Names of all Defendants)

**I. Previous Lawsuits (list all other previous or pending lawsuits on additional page):**A. Have you brought any other lawsuits while a prisoner? Yes \_\_\_\_\_ No X

B. If your answer to A is yes, how many? \_\_\_\_\_

Describe previous or pending lawsuits in the space below. (If more than one, attach additional page to continue outlining all lawsuits in same format.)

**1. Parties to this previous lawsuit:**

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

**2. Court (if Federal Court, give name of District; if State Court, give name of County)**

3. Docket Number \_\_\_\_\_

4. Assigned Judge \_\_\_\_\_

6. Filing Date (approx.) \_\_\_\_\_ 7. Disposition Date (approx.) \_\_\_\_\_

## II. Exhaustion of Administrative Remedies

**NOTICE:** Pursuant to the Prison Litigation Reform Act of 1995, "[n]o action shall be brought with respect to prison conditions under [42 U.S.C. § 1983], or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." 42 U.S.C. § 1997e(a). Prior to filing suit, inmates are required to exhaust the available administrative remedy process, Jones v. Bock, 549 U.S. 199, 211, 127 S.Ct. 910, 918-19 (2007); McKinney v. Carey, 311 F.3d 1198, 1999 (9th Cir. 2002), and neither futility nor the unavailability of money damages will excuse the failure to exhaust, Porter v. Nussle, 534 U.S. 516, 524, 122 S.Ct. 983, 988 (2002). If the court determines that an inmate failed to exhaust prior to filing suit, the unexhausted claims will be dismissed, without prejudice. Jones, 549 U.S. at 223-24, 127 S.Ct. at 925-26.

A. Is there an inmate appeal or administrative remedy process available at your institution?

Yes X No \_\_\_\_\_

B. Have you filed an appeal or grievance concerning ALL of the facts contained in this complaint?

Yes X No \_\_\_\_\_

C. Is the process completed?

Yes X If your answer is yes, briefly explain what happened at each level.

The first level was bypassed and it went to the second level of appeals. They told me that the matter was going to be sent to the Office of the Internal Affairs. So I sent it to the Third level because I didn't hear what I wanted to hear. It was sent back to the second Level and they sent it back to the Third level where they GRANTED my 602 and I asked them for \$6,500,000 on my third level and I want that. They admitted that staff did violate policy.

No \_\_\_\_\_ If your answer is no, explain why not.


III. Defendants

List each defendant's full name, official position, and place of employment and address in the spaces below. If you need additional space please provide the same information for any additional defendants on separate sheet of paper.

A. Name OFFICER "BURKHART" is employed as CORRECTIONAL OFFICER

Current Address/Place of Employment California Department of Corrections & Rehabilitation  
California State Prison-SAC, P.O.BOX 290066, Represa, Ca

B. Name OFFICER "CHILDS" is employed as CORRECTIONAL OFFICER

Current Address/Place of Employment CSP-SAC, P.O.BOX 290066, Represa, Ca 95671

C. Name DIRECTOR of Corrections is employed as DIRECTOR of CORRECTIONS

Current Address/Place of Employment SACRAMENTO, P.O.BOX 4036, Sacramento, CA 95812-4036

D. Name \_\_\_\_\_ is employed as WARDEN of CSP-SAC

Current Address/Place of Employment CSP-SAC, P.O.BOX 290066, Represa, Ca 95671

E. Name \_\_\_\_\_ is employed as \_\_\_\_\_

Current Address/Place of Employment \_\_\_\_\_

IV. Causes of Action (You may attach additional pages alleging other causes of action and the facts supporting them if necessary. Must be in same format outlined below.)

**Claim 1:** The following civil right has been violated (e.g. right to medical care, access to courts, due process, free speech, freedom of religion, freedom from cruel and unusual punishment, etc.):

They failed to search the inmates for any weapons, They Failed to supervise the group and  
because we where not being supervised, that other inmate freed himself from his restrances  
and was able to stab me in my neck.

**Supporting Facts** (Include all facts you consider important to Claim 1. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, *by name*, did to violate the right alleged in Claim 1.):

Officer BURKHART walked me to group and placed some ankles restraints while in the hallway  
before being able to go to group. Well that other inmate was able to bring a home made  
knife to group and because there wasn't any custody staff in the room, that inmate had  
time to free himself and walk up to me and stab me on my neck. I was yelling Help C/O and  
even with me yelling for help, it took them at least 6 to 7 miniutes to respond to my cry  
for help. The Officers Failed to perpect me from harms way. It's suppose to be a place

where I nothing like this is suppose to happen. I'm housed in a Administrative Housing Unit. Now all the Correctional Officers who where working that morning are at falt and are responable for what happened to me. And the person who was in charge for having those chairs in that room for groups should of known it was a problem after having that issue happen before on the EOP-ASU.. And even after this happened to me, they continue to run groups the same way..

**Claim 2:** The following civil right has been violated (e.g. right to medical care, access to courts, due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.):

Failure to pertect in such a way that an inmate was able to free himself and almost take my life.

**Supporting Facts** (Include all facts you consider important to Claim 2. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, *by name*, did to violate the right alleged in Claim 2.):



**V. Relief**

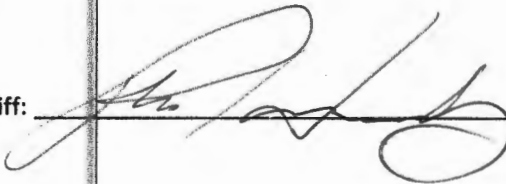
State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Have the California Department of Corrections & Rehabilitation pay my the money I'm seeking for damages and for my pain I now have on my neck due to being stabbed. I'm seeking the California Department of Corrections & Rehabilitation to pay me the \$6,500,000.00 for what happened to me and for everthing I'm now going through. They admitted falt and Granted my 602 where I asked for \$6,500,000 and I want the court to make them give me what I'm asking for since my 602 was Granted at the Third level in full. See attached 602 from Office of Appeals (THIRD LEVEL) Decison.

I declare under penalty of perjury that the foregoing is true and correct.

Date: 3/29/2020

Signature of Plaintiff: \_\_\_\_\_



# EXHIBIT "A"

MEDICAL PAPERS FROM UC DAVIS HOSPITAL

EXHIBIT "A"

Hernandez #

Hernandez #\* 9Zn, Pablo (MRN 7604575)

UC DAVIS HEALTH

## Patient

## Demographics

Name: Pablo Hernandez #\* 9Zn  
Address: 100 Prison Rd REPRESA CA 95671  
Date of birth: 12/31/1976 Sex: Male Gender identity: Male  
Home phone: 916-985-8610

## Relationships

Name	Relation to Patient	Phone Number
contact no	NONE	Mobile: 916-555-5555 (primary)

## Active Coverages

## STATE OF CALIFORNIA

Plan: CALIFORNIA DEPT OF CORRECTIONS Member: P95426 Effective from: 8/6/2019  
Subscriber: HERNANDEZ #\* 9ZN,PABLO Subscriber ID: P95426

## Problem List

No documentation.

## Allergies

Allergies last reviewed by McGrath, Jennifer Graves, NP on 8/6/2019 1440

## PEANUTS [PEANUT]

Reactions: Unknown-Explain in Comments Noted on: 08/06/2019  
Comments: Patient reported

## SHELLFISH CONTAINING PRODUCTS

Reactions: Unknown-Explain in Comments Noted on: 08/06/2019  
Comments: Patient reported on arrival

## Immunizations

Immunizations never marked as reviewed

## Tdap (Adacel)

Administered by: Helfrich, Joseph, RN	Administered on: 8/6/2019 1002	Dose: 0.5 mL
Site: Right arm	Route: Intramuscular	NDC: 49281-400-58
VIS date: 2/24/2015		
Manufacturer: Sanofi Pasteur	Lot number: C5640AA	

## Medication List

## Medications

This report is for documentation purposes only. The patient should not follow medication instructions within.  
For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

## Current Medications

None

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## Advance Care Planning

## Plan

## Patient Capacity

The patient has full capacity. There is no history of patient status change.

## Current Code Status



Hernandez #\* 9Zn, Pablo (MRN 7604575)

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Patient (continued)

Advance Care Planning (continued)

Date Active	Code Status	Order ID	Comments	User	Cont ext
Not on file					

Health Care Agents

There are no Health Care Agents on file.

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Hernandez # P95426

Hernandez #\* 9Zn, Pablo (MRN 7604575)

UC DAVIS HEALTH

08/06/2019 - ED in EMERGENCY - PAVILION

## ED Provider Note

## ED Provider Notes by Schandera, Verena, MD at 8/6/2019 9:18 AM

Author: Schandera, Verena, MD

Service: Emergency Medicine

Author Type: \*PHYSICIAN, FACULTY

Filed: 08/07/19 0759

Date of Service: 08/06/19 0918

Status: Signed

Editor: Schandera, Verena, MD (\*PHYSICIAN, FACULTY)

## EMERGENCY DEPARTMENT PHYSICIAN NOTE - Dublin Zn Doe

Date of Service: 8/6/2019 9:05 AM

Patient's PCP: No primary care provider on file.

Note Started: 8/6/2019 09:18

DOB: 8/6/1976

## History

## Chief Complaint

Patient presents with

- \*911:Penetrating/Critical Trauma Level I

The history provided by the patient and EMS personnel.

Interpreter used: No

Dublin Zn Doe is a 43yr old male, who has a past medical history significant for GSW to the abdomen s/p laparotomy, presenting to the ED with a chief complaint of stab wound that began 30 minutes PTA. As per patient he was stabbed with an about 4 inch knife to the right side of the neck. Felt immediate sharp 10/10 pain, radiating to the back of the neck, no LOC, he did not fall or hit his head. Also was cut on the left side of his abdomen. No abdominal pain at the moment. He does not know when he had his tetanus shot last.

He has not gotten any medications.

Stable VS en route as per EMS. Initial BP by jail was systolic of 80.

A full history, including past medical, social, and family history (as detailed in this note), was reviewed and updated as necessary.

## HISTORY:

## Past Medical History

- Depression

## Allergies

## Allergen

- Peanuts [Peanut]

## Reactions

Unknown-Explain in  
Comments

## Patient reported

- Shellfish Containing  
Products

Unknown-Explain in  
Comments

## Patient reported on arrival

No current outpatient medications on file.

## Past Surgical History:

No date: Iv filter placement

No date: Laparotomy, exploratory, emergent

No date: Nephrectomy; Right

No date: Sternotomy

## Social History

No family history on file.

## Tobacco Use

- Smoking status: Not on file

## Substance Use Topics

- Alcohol use: Not on file

- Drug use: Not on file

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Hernandez #\* 9Zn, Pablo (MRN 7604575)

UC DAVIS HEALTH

08/06/2019 - ED in EMERGENCY - PAVILION (continued)

**ED Provider Note (continued)****Social History**

Social History Narrative: 11/10/18 08/06/2019

• Not on file

**Review of Systems****Review of Systems**

Unable to perform ROS: Acuity of condition

**Physical Exam****TRIAGE VITAL SIGNS:**

Temp: 36.4 °C (97.5 °F) (08/06/19 0911)

Temp src: Oral (08/06/19 0911)

Pulse: 81 (08/06/19 0944)

BP: (!) 129/100 (08/06/19 0943)

Resp: 16 (08/06/19 0944)

SpO2: 97 % (08/06/19 0944)

Weight: 93 kg (205 lb 0.4 oz) (08/06/19 0917)

**Physical Exam**

Constitutional: He is oriented to person, place, and time. He appears well-developed. No distress.

**HENT:**

Head: Normocephalic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Mouth/Throat: Oropharynx is clear and moist. No oropharyngeal exudate.

**1.5 cm wound to the left side of his posterior neck****Oozing minimum amount of blood****Trachea is midline****No crepitus**

Eyes: Pupils are equal, round, and reactive to light. EOM are normal. Right eye exhibits no discharge. Left eye exhibits no discharge.

Neck: Normal range of motion.

**No c, t or l spine tenderness**

Cardiovascular: Normal rate and regular rhythm. Exam reveals no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No stridor. No respiratory distress.

Abdominal: Soft. He exhibits no distension. There is no tenderness.

**Superficial abrasion on the left flank**

Musculoskeletal: Normal range of motion. He exhibits no edema.

Neurological: He is alert and oriented to person, place, and time. No cranial nerve deficit.

Skin: Skin is warm. Capillary refill takes less than 2 seconds.

Psychiatric: He has a normal mood and affect.

Nursing note and vitals reviewed.

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**INITIAL ASSESSMENT & PLAN, MEDICAL DECISION MAKING, ED COURSE**

Dublin Zn Doe is a 43yr male who presents with a chief complaint of stab wound to the neck.

Differential includes, but is not limited to: soft tissue injury, vascular injury, tracheal injury, c-spine injury, pneumothorax, intra-abdominal bleeding, bowel injury, splenic laceration

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UC DAVIS HEALTH

08/06/2019 - ED in EMERGENCY - PAVILION (continued)

**ED Provider Note (continued)**

**Amount/Complexity of Data Reviewed**

The results of the ED evaluation were notable for the following:

**Pertinent lab results:**

CBC: wnl

Chem: wnl

LFT: wnl

**Pertinent imaging results (reviewed and interpreted independently by me):**

DX CHEST 1 VIEW

CT ANGIO NECK

CT C-SPINE WITHOUT CONTRAST

CT ABDOMEN + PELVIS WITH CONTRAST

CT L-SPINE (2D RECONS L-SPINE FROM ABD/PELVIS)

CT CHEST W CONTRAST

**Radiology reads:**

Ct Chest W Contrast

Addendum Date: 8/6/2019

----- ADDENDUM #1 ----- 4 mm right upper lobe nodule with mild adjacent groundglass density and without significant spiculation, can also be reevaluated on 3 month follow-up chest CT. Final Report Electronically Signed By: Marwah Helmy, M.D. on 8/6/2019 3:17 PM

Result Date: 8/6/2019

CT CHEST W CONTRAST EXAM DATE: 8/6/2019 9:49 AM COMPARISON: Chest radiograph/16/2019 at 0913  
INDICATION: 42-year-old male with chest pain after trauma. TECHNIQUE: Contrast-enhanced CT scan of the chest was performed following the uneventful intravenous administration of 100 mL of Omnipaque 350. Coronal, sagittal, and maximum intensity projection images were reformatted. DOSE REPORT: This study involved (2) CT acquisition(s). The CTDIvol and DLP values are included below as required by state law: 1; Series: 2; Chest/Abdomen/Pelvis; 32 cm; CTDIvol=20.2 mGy; DLP 848.7 mGy-cm 2; Series: 3; Chest/Abdomen/Pelvis; 32 cm; CTDIvol=10.7 mGy; DLP 584.8 mGy-cm For further information on CT radiation dose, see <http://www.ucdmc.ucdavis.edu/radiology/RadiationDose.html> FINDINGS: LOWER NECK AND CHEST WALL: Visualized portions of the thyroid gland are unremarkable. No significant axillary lymphadenopathy. MEDIASTINUM AND HILA: No evidence of mediastinal hematoma or pneumomediastinum. No significant mediastinal or hilar lymphadenopathy. CARDIOVASCULAR: The heart and great vessels are within normal limits. There is no evidence of injury to the great vessels. LUNGS, AIRWAYS, AND PLEURA: Bilateral atelectasis. Left upper lobe scarring. Clustered groundglass nodules in the right upper lobe are likely due to infection/pneumonia. 4 mm solid noncalcified mildly spiculated right upper lobe nodule on series 10 image 115. Focal bronchiolectasis in the right upper lobe. The central airways are patent. No evidence of pleural effusion or pneumothorax. UPPER ABDOMEN: Reported separately. BONES: There are postoperative changes of median sternotomy. Degenerative changes in the spine. No evidence of acute fracture or subluxation. IMPRESSION: 1. No evidence of acute intrathoracic injury identified. No evidence of acute fracture or subluxation. 2. Clustered groundglass nodules in the right upper lobe are likely due to infection/pneumonia. Follow-up chest CT is recommended in 3 months to ensure posttreatment clearing. 3. Mildly spiculated 4 mm right upper lobe nodule can also be reevaluated on 3 month follow-up chest CT. #@@# I have personally reviewed the images of this study and agree with the above report. Final Report Electronically Signed By: Marwah Helmy, M.D. on 8/6/2019 11:44 AM

Ct Angio Neck

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Result Date: 8/6/2019

CT ANGIO NECK EXAM DATE: 8/6/2019 9:58 AM. COMPARISON: None INDICATION: Trauma; Signs/Symptoms or Diagnosis: Pain S/P Trauma Special Instructions: Evaluate for vascular injury TECHNIQUE: Axial CT images of the neck were obtained in soft tissue algorithm in the arterial phase during administration of 100 cc of Omnipaque at 4



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08/06/2019 - ED in EMERGENCY - PAVILION (continued)

ED Provider Note (continued)

mL/sec. Coronal and sagittal average and maximal intensity projection reformatted images were also obtained. 3-D reconstructed images were obtained on a separate workstation. DOSE REPORT: This study involved (3) CT acquisition(s). The CT DIvol and DLP values are included below as required by state law: 1; Series: 200; Neck; 32 cm; CT DIvol=21.9 mGy; DLP 11 mGy-cm 2; Series: 2; Neck; 32 cm; CT DIvol=19.9 mGy; DLP 774.7 mGy-cm 3; Series: 6; Neck; 32 cm; CT DIvol=18.7 mGy; DLP 293 mGy-cm For further information on CT radiation dose, see <http://www.ucdmc.ucdavis.edu/radiology/RadiationDose.html> FINDINGS: Aortic Arch: Normal. Left carotid: No occlusion, high-grade stenosis, or vascular injury. Right carotid: No occlusion, high-grade stenosis, or vascular injury. Vertebrobasilar: No occlusion, high-grade stenosis, or vascular injury. Soft tissues: Left posterior neck laceration with left paraspinal and left trapezius muscular edema and emphysema. Bones: No fracture. IMPRESSION: 1. No occlusion, high-grade stenosis, or vascular injury. 2. Left posterior neck laceration with paraspinal edema and mild subcutaneous emphysema. Preliminary Report Electronically Signed By: Richard Teh on 8/6/2019 11:05 AM I have personally reviewed the images of this study and agree with the above report. Final Report Electronically Signed By: Arzu Ozturk on 8/6/2019 12:12 PM

Dx Chest 1 View

Result Date: 8/6/2019

DX CHEST 1 VIEW EXAM DATE: 8/6/2019 9:20 AM COMPARISON: None. INDICATION: Pain S/P Trauma FINDINGS: Portable supine AP radiograph. Heart size at the upper range of normal. Mediastinal width is normal considering supine positioning and mildly low lung volumes. Clear lungs coxa for minimal basilar subsegmental atelectasis. Sharp costophrenic angles. Sternal wires are noted. The upper sternal wire is fractured. No osseous fracture. No definite subcutaneous emphysema. Cannot adequately assess for the possibility of pneumothorax in the supine position. Correlate with the upcoming CT scans. IMPRESSION: 1. No acute findings Final Report Electronically Signed By: John Livoni, M.D. on 8/6/2019 9:27 AM

Ct Abdomen + Pelvis With Contrast

Result Date: 8/6/2019

CT ABDOMEN + PELVIS WITH CONTRAST EXAM DATE: 8/6/2019 9:49 AM COMPARISON: None INDICATION: Pain S/P Trauma after stab wound to the left neck. TECHNIQUE: Helically acquired contrast enhanced multidetector CT of the abdomen and pelvis acquired in the portal venous phase. Uneventful administration of 125 mL of Omnipaque 350 injected intravenously. No oral contrast was administered. Images were acquired in the axial plane and reformatted in coronal and sagittal planes. DOSE REPORT: Please refer the concurrent CT chest for radiation dose report. FINDINGS: Lower Chest: Please refer to the concurrent CT chest Liver: Unremarkable. Bile Ducts: No evidence of intra or extrahepatic biliary ductal dilatation. Gallbladder: Multiple 1.5 cm gallstones without evidence of pericolic inflammatory fat stranding or gallbladder wall thickening. Pancreas: Unremarkable. Spleen: Unremarkable. Adrenal Glands: Unremarkable. Kidneys: Status post right nephrectomy with residual surgical sutures/clips within the nephrectomy bed. GI Tract: Unremarkable. Peritoneal Cavity: No free fluid or free air. Bladder: Unremarkable. Prostate and Seminal Vesicles: Unremarkable. Lymph Nodes: No lymphadenopathy. Major Vascular Structures: IVC filter terminates at the junction of the IVC and left renal vein. Arms of IVC filter appeared to penetrate the surrounding soft tissues without evidence of inflammation or extravasation. Soft Tissues: Bilateral fat-containing inguinal hernias. Right lateral thigh lipoma. Musculoskeletal: No acute osseous abnormality. Mild degenerative disc disease of L5-S1. IMPRESSION: 1. No acute traumatic intra-abdominal or intrapelvic abnormalities. 2. Cholelithiasis without evidence of cholecystitis. 3. Postoperative changes from right nephrectomy. 4. IVC filter is in place with arms extending through the wall of the IVC without evidence of complication. I have personally reviewed the images of this study and agree with the above report. Final Report Electronically Signed By: Nima Momenin on 8/6/2019 11:35 AM

Ct C-spine (2d Recons C-spine From Angio Or Soft Tissue Neck)

Result Date: 8/6/2019

CT C-SPINE (2D RECONS C-SPINE FROM ANGIO OR SOFT TISSUE NECK) EXAM DATE: 8/6/2019 9:58 AM COMPARISON: Correlated with concurrent CT angiogram neck. INDICATION: Multisystem trauma;Special Instructions: TECHNIQUE: Using Canon ultra high-resolution CT, reconstructed Axial, sagittal and coronal images of



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08/06/2019 - ED in EMERGENCY - PAVILION (continued)

## ED Provider Note (continued)

the cervical spine from CT angiogram of the neck. DOSE REPORT: Refer to CTA neck for dose information.  
FINDINGS: Alignment: There is mild reversal of the normal cervical lordosis with kyphosis centered at C4. Slight grade 1 anterolisthesis of C2 on C3. Vertebrae: No acute fracture or destructive changes. Mild multilevel cervical spondylosis with osteophytes and facet hypertrophic changes most prominent at C4-C5. There is no significant spinal canal stenosis. The cervical spinal canal appears congenitally narrow. Prevertebral and paraspinal soft tissues: Detailed on concurrent CT angiogram neck. Small right apical parenchymal air cyst measuring approximately 8 mm.  
IMPRESSION: 1. No acute fracture or subluxation of the cervical spine. Preliminary Report Electronically Signed By: Richard Teh on 8/6/2019 11:00 AM I have personally reviewed the images of this study and agree with the above report. Final Report Electronically Signed By: Arzu Ozturk on 8/6/2019 11:54 AM

Ct L-spine (2d Recons L-spine From Abd/pelvis)

Result Date: 8/6/2019

CT L-SPINE (2D RECONS L-SPINE FROM ABD/PELVIS) EXAM DATE: 8/6/2019 9:49 AM COMPARISON: None  
INDICATION: Trauma, high energy; Signs/Symptoms or Diagnosis: Pain S/P Trauma Special Instructions:  
Reconstruct L Spine TECHNIQUE: Helical data set acquired during CT abdomen and pelvis exam was retro-reconstructed in bone windows in the axial, sagittal and coronal planes. DOSE REPORT: Data set was acquired via reformat from CT abdomen/pelvis without additional radiation dose to the patient. FINDINGS: Alignment: There is normal alignment of the spine. Vertebrae: No acute fracture or destructive changes. Mild degenerative disc disease of L5-S1 with small marginal osteophyte formation and endplate degenerative changes are noted. There is no significant spinal canal stenosis. Prevertebral and paraspinal soft tissues: Please refer to the concurrent CT abdomen pelvis.  
IMPRESSION: 1. No acute fracture or post-traumatic malalignment. I have personally reviewed the images of this study and agree with the above report. Final Report Electronically Signed By: Nima Momenin on 8/6/2019 11:38 AM

Consults: A Consult was obtained from the trauma service to evaluate for stab wound to the neck. They recommend observation and then discharge.

## ED Medication Administration through 08/07/2019 0759

Date/Time	Order	Dose	Route	Action
08/06/2019 1001	Electrolyte Solution A (PLASMA-LYTE A) Infusion		IV	New bag/syringe
08/06/2019 1001	Fentanyl (SUBLIMAZE) Injection 50 mcg	50 mcg	IV	Given
08/06/2019 1131	Fentanyl (SUBLIMAZE) Injection 50 mcg	50 mcg	IV	Given
08/06/2019 1351	Fentanyl (SUBLIMAZE) Injection 50 mcg	50 mcg	IV	Given
08/06/2019 1001	Acetaminophen (OFIRMEV) IV 1,000 mg	1,000 mg	IV	New bag/syringe
08/06/2019 1002	Diph,Pertus(Acel),Tetanus Vaccine Booster-Tdap (ADACEL) Injection Vial 0.5 mL	0.5 mL	IM	Given
08/06/2019 0949	Iohexol (OMNIPAQUE) 350 mg/mL Injection 100 mL	100 mL	IV	Given
08/06/2019 1000	Iohexol (OMNIPAQUE) 350 mg/mL Injection 90 mL	90 mL	IV	Given
08/06/2019 1532	Oxycodone (ROXICODONE) Tablet 5 mg	5 mg	ORAL	Given

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Chart Review: I reviewed the patient's prior medical records. Pertinent information that is relevant to this encounter,

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UC DAVIS HEALTH

08/06/2019 - ED in EMERGENCY - PAVILION (continued)

**ED Provider Note (continued)**

no prior encounters here.

**PATIENT SUMMARY**

This is a 42 year old male who presents as a 911 trauma activation after obtaining a stab wound to the neck at Folsom Prison. VSS on arrival. Exam concerning for small left posterior neck wound with small amount of oozing, CT neck remarkable for no e/o vascular injury. Multiple incidental findings including small pulmonary air cyst, cholelithiasis and IVC filter that is extending through the IVC wall, which was communicated to the patient. Labs wnl, Tetanus updated, pain controlled with IV tylenol. Repeat abdominal exam benign. Local wound care in the ED. The patient will be dispo'd per trauma team

**LAST VITAL SIGNS:**

Temp: 36.8 °C (98.2 °F) (08/06/19 1108)  
Temp src: Oral (08/06/19 1108)  
Pulse: 69 (08/06/19 1500)  
BP: 124/63 (08/06/19 1500)  
Resp: 19 (08/06/19 1500)  
SpO2: 98 % (08/06/19 1500)  
Weight: 93 kg (205 lb 0.4 oz) (08/06/19 0917)

**Clinical Impression:**

- 1) stab wound to the neck
- 2) superficial abrasion to the left flank

**Disposition:** Discharge. Follow up with PCP. ED discharge instructions were reviewed and provided.

**PATIENT'S GENERAL CONDITION:**

Fair: Vital signs are stable and within normal limits. Patient is conscious but may be uncomfortable. Indicators are favorable.

This patient was seen, evaluated, and care plan was developed with the resident. I agree with the findings and plan as outlined in our combined note. Verena Schandera, MD

Electronically signed by: Verena Schandera, MD, Attending Physician

AUG 08 2019

Hernandez #\* 9Zn, Pablo (MRN 7604575)

UC DAVIS HEALTH

08/06/2019 - ED in EMERGENCY - PAVILION (continued)

ED Provider Note (continued)

Electronically signed by Schandera, Verena, MD at 08/07/19 0759

Clinical Notes

Progress Notes

Torres Fajardo, Rafael Alberto, MD at 8/6/2019 10:14 AM

I was present in the Emergency Department within 10 minutes of this patient's arrival. They were coded as a 911 trauma activation. I directed the initial evaluation and resuscitation by the Trauma team. I repeated and performed key portions of the history and physical examination in conjunction with the Trauma Surgery and Emergency Medicine Teams. I reviewed radiographic studies. Together we have formulated a plan.

42 yo M with stab wound to left posterior neck with airway intact and no signs of vascular injury and left abdomen/flank laceration.

CTA neck, chest, abdomen negative for injury and will observe patient with serial abdominal exams.

Report Electronically Signed By  
Charles J Fredericks, MD  
Trauma Surgical Critical Care Fellow  
p2220

AUG 08 2019

Electronically signed by Leshikar, David, MD at 08/06/19 1737

Labs

CBC WITH DIFFERENTIAL [221265597] (Final result)

Electronically signed by Helfrich, Joseph, RN on 08/06/19 1007  
Ordering user: Helfrich, Joseph, RN 08/06/19 1007  
Authorized by: Schandera, Verena, MD  
Class: Inpatient Normal  
Lab status: Final result

Ordering provider: Helfrich, Joseph, RN  
Ordering mode: ED Triage Protocol  
Quantity: 1  
Instance released by: Helfrich, Joseph, RN (auto-released)  
8/6/2019 10 07 AM

Status: Completed

Scheduling instructions:  
Draw at 1, and 3 hours

Specimen Information

ID	Type	Source	Collected By
19P-218HP0737	BLOOD	BLOOD, VENOUS	Darr, Megan, RN 08/06/19 1336

CBC WITH DIFFERENTIAL [221265597] (Abnormal)

Resulted 08/06/19 1348, Result status: Final result

Ordering provider: Helfrich, Joseph, RN 08/06/19 1007  
Filed by: Interface, Beaker 886351 08/06/19 1348  
Resulting lab: UCDHS MAIN LAB

Order status: Completed  
Collected by: Darr, Megan, RN 08/06/19 1336

Components

Component	Value	Reference Range	Flag	Lab
White Blood Cell Count	11.8	4.5 - 11.0 K/MM3	H	PAVLAB



Hernandez #\* 9Zn, Pablo (MRN 7604575)

UC DAVIS HEALTH

08/06/2019 - ED in EMERGENCY - PAVILION (continued)

## Labs (continued)

Red Blood Cell Count	5.54	4.50 - 5.90 M/MM3	—	PAVLAB
Hemoglobin	16.2	14.0 - 18.0 g/dL	—	PAVLAB
Hematocrit	46.4	40.0 - 52.0 %	—	PAVLAB
MCV	83.7	80.0 - 100.0 fL	—	PAVLAB
MCH	29.3	27.0 - 33.0 pg	—	PAVLAB
MCHC	35.0	32.0 - 36.0 %	—	PAVLAB
RDW	12.7	0.0 - 14.7 %	—	PAVLAB
MPV	8.5	6.8 - 10.0 fL	—	PAVLAB
Platelet Count	217	130 - 400 10 <sup>3</sup> /uL	—	PAVLAB
Neutrophils % Auto	78.8	%	—	PAVLAB
Lymphocytes % Auto	13.7	%	—	PAVLAB
Monocytes % Auto	6.6	%	—	PAVLAB
Eosinophil % Auto	0.4	%	—	PAVLAB
Basophils % Auto	0.5	%	—	PAVLAB
Neutrophil Abs Auto	9.3	1.8 - 7.7 K/MM3	H	PAVLAB
Lymphocyte Abs Auto	1.6	1.0 - 4.8 K/MM3	—	PAVLAB
Monocytes Abs Auto	0.8	0.1 - 0.8 K/MM3	—	PAVLAB
Eosinophil Abs Auto	0.1	0.0 - 0.5 K/MM3	—	PAVLAB
Basophils Abs Auto	0.1	0.0 - 0.2 K/MM3	—	PAVLAB

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
102 - PAVLAB	UCDHS MAIN LAB	Lydia P. Howell, M.D.	2315 Stockton Boulevard Sacramento CA 95817- 2201	04/15/14 1410 - Present

## URINALYSIS-COMplete [221257418] (Final result)

Electronically signed by: Kittle, Kelly, RN on 08/06/19 0901

Status: Completed

Ordering user: Kittle, Kelly, RN 08/06/19 0901

Ordering provider: Schandera, Verena, MD

Authorized by: Schandera, Verena, MD

Ordering mode: ED Triage Protocol

Class: Inpatient Normal

Quantity: 1

Lab status: Final result

Instance released by: Kittle, Kelly, RN (auto-released) 8/6/2019  
9:02 AM

## Specimen Information

ID	Type	Source	Collected By
19P-218UA0084	URINE	CLEAN CATCH	Helfrich, Joseph, RN 08/06/19 1013

## URINALYSIS-COMplete [221257418] (Abnormal)

Resulted: 08/06/19 1023, Result status: Final result

Ordering provider: Schandera, Verena, MD 08/06/19 0902

Order status: Completed

Filed by: Gaerlan, Leonida, C.L.S. 08/06/19 1029

Collected by: Helfrich, Joseph, RN 08/06/19 1013

Resulting lab: UCDHS MAIN LAB

## Components

Component	Value	Reference Range	Flag	Lab
COLLECTION	CLEAN CATCH	—	—	PAVLAB
COLOR	Yellow	None/Yellow	—	PAVLAB
CLARITY	Clear	Clear, SI Turbid	—	PAVLAB
SPECIFIC GRAVITY, URINE	1.039	1.002 - 1.030	H	PAVLAB
pH URINE	7.0	4.8 - 7.8	—	PAVLAB
OCCULT BLOOD URINE	Negative	Negative mg/dL	—	PAVLAB
BILIRUBIN URINE	Negative	Negative	—	PAVLAB
KETONES	Negative	Negative mg/dL	—	PAVLAB
GLUCOSE URINE	Negative	Negative mg/dL	—	PAVLAB
PROTEIN URINE	Negative	Neg/Trace mg/dL	—	PAVLAB
UROBILINOGEN	Negative	Neg-2.0 mg/dL	—	PAVLAB

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Hernandez #\* 9Zn, Pablo (MRN 7604575)

UC DAVIS HEALTH

08/06/2019 - ED in EMERGENCY - PAVILION (continued)

## Labs (continued)

NITRITE URINE	Negative	Negative	—	PAVLAB
LEUK ESTERASE	Negative	Negative	—	PAVLAB
MICROSCOPIC	Not indicated	—	—	PAVLAB

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
102 - PAVLAB	UCDHS MAIN LAB	Lydia P. Howell, M.D.	2315 Stockton Boulevard Sacramento CA 95817- 2201	04/15/14 1410 - Present

## UR DRUGS OF ABUSE SCREEN [221257427] (Final result)

Electronically signed by Kittle, Kelly, RN on 08/06/19 0901

Status: Completed

Ordering user: Kittle, Kelly, RN 08/06/19 0901

Ordering provider: Schandera, Verena, MD

Authorized by: Schandera, Verena, MD

Ordering mode: ED Triage Protocol

Class: Inpatient Normal

Quantity: 1

Lab status: Final result

Instance released by: Kittle, Kelly, RN (auto-released) 8/6/2019  
9 02 AM

## Specimen Information

ID	Type	Source	Collected By
19P-218CP1089	URINE	CLEAN CATCH	Helfrich, Joseph, RN 08/06/19 1013

## UR DRUGS OF ABUSE SCREEN [221257427] (Normal)

Resulted: 08/06/19 1053, Result status: Final result

Ordering provider: Schandera, Verena, MD 08/06/19 0902

Order status: Completed

Filed by: Ko, Alexander, C.L.S. 08/06/19 1053

Collected by: Helfrich, Joseph, RN 08/06/19 1013

Resulting lab: UCDHS MAIN LAB

## Components

Component	Value	Reference Range	Flag	Lab
Barbiturates Screen, Urine	NEGATIVE	Cutoff 200 ng/mL	—	PAVLAB
Comment:	The primary purpose of this testing is for patient care.			
Benzodiazepines Screen, Urine	NEGATIVE	Cutoff 200 ng/mL	—	PAVLAB
Comment:	The primary purpose of this testing is for patient care.			
Cocaine Metabolite Scrn, Urine	NEGATIVE	Cutoff 300 ng/mL	—	PAVLAB
Comment:	The primary purpose of this testing is for patient care.			
Opiates Screen, Urine	NEGATIVE	Cutoff 300 ng/mL	—	PAVLAB
Comment:	The primary purpose of this testing is for patient care.			
Amphetamine Screen, Urine	NEGATIVE	Cutoff 1000 ng/mL ng/mL	—	PAVLAB
Comment:	The primary purpose of this testing is for patient care.			

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## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
102 - PAVLAB	UCDHS MAIN LAB	Lydia P. Howell, M.D.	2315 Stockton Boulevard Sacramento CA 95817- 2201	04/15/14 1410 - Present

## INR [221257414] (Final result)

Electronically signed by Kittle, Kelly, RN on 08/06/19 0901

Status: Completed

Ordering user: Kittle, Kelly, RN 08/06/19 0901

Ordering provider: Schandera, Verena, MD

Authorized by: Schandera, Verena, MD

Ordering mode: ED Triage Protocol



Hernandez #\* 9Zn, Pablo (MRN 7604575)

UC DAVIS HEALTH

08/06/2019 - ED in EMERGENCY - PAVILION (continued)

## Labs (continued)

Class: Inpatient Normal  
Lab status: Final resultQuantity: 1  
Instance released by: Kittle, Kelly, RN (auto-released) 8/6/2019 9:02 AM

## Specimen Information

ID	Type	Source	Collected By
19P-218CG0104	BLOOD	BLOOD, VENOUS	Kittle, Kelly, RN 08/06/19 0913

## INR [221257414] (Normal)

Resulted: 08/06/19 0953, Result status: Final result

Ordering provider: Schandera, Verena, MD 08/06/19 0902  
Filed by: Interface, Beaker 886351 08/06/19 0953  
Resulting lab: UCDHS MAIN LABOrder status: Completed  
Collected by: Kittle, Kelly, RN 08/06/19 0913

## Components

Component	Value	Reference Range	Flag	Lab
INR	1.01	0.87 - 1.18	—	PAVLAB
Comment:				

This test was developed and its performance characteristics determined by UC Davis Medical Center. It has not been cleared by or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Prothrombin Time	10.0	8.0 - 11.9 secs	—	PAVLAB
Comment:				

This test was developed and its performance characteristics determined by UC Davis Medical Center. It has not been cleared by or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
102 - PAVLAB	UCDHS MAIN LAB	Lydia P. Howell, M.D.	2315 Stockton Boulevard Sacramento CA 95817-2201	04/15/14 1410 - Present

## ED HCV SCREEN WITH REFLEX [221257430] (Final result)

Electronically signed by: Kittle, Kelly, RN on 08/06/19 0901  
Ordering user: Kittle, Kelly, RN 08/06/19 0901  
Authorized by: Schandera, Verena, MD  
Class: Inpatient Normal  
Lab status: Final result

Status: Completed

Ordering provider: Schandera, Verena, MD  
Ordering mode: ED Triage Protocol  
Quantity: 1  
Instance released by: Kittle, Kelly, RN (auto-released) 8/6/2019 9:02 AM

## Specimen Information

ID	Type	Source	Collected By
19S-218SC0182	BLOOD	BLOOD, VENOUS	Kittle, Kelly, RN 08/06/19 0913

## ED HCV SCREEN WITH REFLEX [221257430] (Abnormal)

Resulted: 08/06/19 1805, Result status: Final result

Ordering provider: Schandera, Verena, MD 08/06/19 0902  
Filed by: Seid, Pamela, C.L.S. 08/06/19 1805  
Resulting lab: UCDHS SPECIALTY TESTING CTR  
Narrative:Order status: Completed  
Collected by: Kittle, Kelly, RN 08/06/19 0913

Presumptive evidence of antibodies to HCV, if clinically indicated, collect and order HCV Viral Load, as recommended by the CDC.

## Components

Component	Value	Reference Range	Flag	Lab
Hepatitis C Ab Screen	Reactive	Nonreactive	Abnl	STCLAB

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
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AUG 08 2019

Hernandez #\* 9Zn, Pablo (MRN 7604575)

UC DAVIS HEALTH

08/06/2019 - ED in EMERGENCY - PAVILION (continued)

Labs (continued)

<b>129 - STCLAB</b>	UCDHS SPECIALTY TESTING CTR	Lydia P. Howell, M.D.	3740 Business Drive Sacramento CA 95820-2164	04/15/14 1410 - Present
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Study Result

Presumptive evidence of antibodies to HCV, if clinically indicated, collect and order HCV Viral Load; as recommended by the CDC.

HCV VIRAL LOAD [221311583] (In process)

Status Active

Order placed as a reflex to ED HCV SCREEN WITH REFLEX ordered on 08/06/19 at 0901

Ordering user: Interface, Beaker 886351 08/06/19 1731

Ordering provider: Schandera, Verena, MD

Authorized by: Schandera, Verena, MD

Ordering mode: Standard

Class: Inpatient Normal

Quantity: 1

Lab status: In process

Instance released by: Interface, Beaker 886351 (auto-released)  
8/6/2019 5:31 PM

Specimen Information

ID	Type	Source	Collected By
19S-218SC0182	BLOOD	BLOOD, VENOUS	Kittle, Kelly, RN 08/06/19 0913

HCV VIRAL LOAD [221311583]

Result status: In process

Ordering provider: Schandera, Verena, MD 08/06/19 1731

Order status: Sent

Filed by: Interface, Beaker 886351 08/06/19 1731

Collected by: Kittle, Kelly, RN 08/06/19 0913

Resulting lab: UCDHS SPECIALTY TESTING CTR

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
<b>129 - STCLAB</b>	UCDHS SPECIALTY TESTING CTR	Lydia P. Howell, M.D.	3740 Business Drive Sacramento CA 95820-2164	04/15/14 1410 - Present

TYPE AND SCREEN [221257417] (Final result)

Electronically signed by: Kittle, Kelly, RN on 08/06/19 0901

Status Completed

Ordering user: Kittle, Kelly, RN 08/06/19 0901

Ordering provider: Schandera, Verena, MD

Authorized by: Schandera, Verena, MD

Ordering mode: ED Triage Protocol

Class: Inpatient Normal

Quantity: 1

Lab status: Final result

Instance released by: Kittle, Kelly, RN (auto-released) 8/6/2019 9:02 AM

Specimen Information

ID	Type	Source	Collected By
19B-218BB0045	BLOOD	BLOOD, VENOUS	Kittle, Kelly, RN 08/06/19 0912

TYPE AND SCREEN [221257417]

Resulted: 08/06/19 0959, Result status: Final result

Ordering provider: Schandera, Verena, MD 08/06/19 0902

Order status: Completed

Filed by: Interface, Beaker 886331 08/06/19 0959

Collected by: Kittle, Kelly, RN 08/06/19 0912

Resulting lab: UCDHS BLOOD BANK LAB

Components

Component	Value	Reference Range	Flag	Lab
Antibody Screen	Negative	—	—	BB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
<b>1230000001 - BB</b>	UCDHS BLOOD BANK LAB	Lydia P. Howell, M.D.	2315 Stockton Boulevard Sacramento CA 95817-2201	11/07/16 1747 - Present

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Hernandez #\* 9Zn, Pablo (MRN 7604575)

UC DAVIS HEALTH

08/06/2019 - ED in EMERGENCY - PAVILION (continued)

## Labs (continued)

## ETHANOL, PLASMA [221257426] (Final result)

Electronically signed by: Kittle, Kelly, RN on 08/06/19 0901

Status: Completed

Ordering user: Kittle, Kelly, RN 08/06/19 0901

Ordering provider: Schandera, Verena, MD

Authorized by: Schandera, Verena, MD

Ordering mode: ED Triage Protocol

Class: Inpatient Normal

Quantity: 1

Lab status: Final result

Instance released by: Kittle, Kelly, RN (auto-released) 8/6/2019 9 02 AM

## Specimen Information

ID	Type	Source	Collected By
19P-218CP0832	BLOOD	BLOOD, VENOUS	Kittle, Kelly, RN 08/06/19 0912

## ETHANOL, PLASMA [221257426]

Resulted: 08/06/19 0952, Result status: Final result

Ordering provider: Schandera, Verena, MD 08/06/19 0902

Order status: Completed

Filed by: Ko, Alexander, C.L.S. 08/06/19 0952

Collected by: Kittle, Kelly, RN 08/06/19 0912

Resulting lab: UCDHS MAIN LAB

## Components

Component	Value	Reference Range	Flag	Lab
ETHANOL, PLASMA	Negative	Negative mg/dL	—	PAVLAB

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
102 - PAVLAB	UCDHS MAIN LAB	Lydia P. Howell, M.D.	2315 Stockton Boulevard Sacramento CA 95817- 2201	04/15/14 1410 - Present

AUG 08 2019

# P95426

**UC DAVIS**  
**HEALTH SYSTEM**

## AFTER VISIT SUMMARY

Pablo Hernandez #\* 9Zn MRN: 7604575 DoB: 12/31/1976

8/6/2019 EMERGENCY - PAVILION 916-734-3790

## Instructions

Your personalized instructions can be found at the end of this document.



**Go to Folsom Prison Physician in 2 days (around 8/8/2019)**

Why: For wound re-check

## Today's Visit

You were seen by Verena Schandera, MD

### Reason for Visit

\*911: Penetrating/Critical Trauma Level I

### Diagnosis

Open neck wound, initial encounter

### Lab Tests Completed

APTT STUDIES  
BASIC METABOLIC PANEL  
BLD GAS VENOUS  
CBC NO DIFFERENTIAL  
CBC WITH DIFFERENTIAL performed 2 times  
ETHANOL, PLASMA  
HEPATIC FUNCTION PANEL  
INR  
LIPASE  
TYPE AND SCREEN  
UR DRUGS OF ABUSE SCREEN  
URINALYSIS-COMplete

### Lab Tests in Progress

ED HCV SCREEN WITH REFLEX  
HIV AG/AB COMBO SCREEN

## Today's Visit (continued)

### Imaging Tests

CT ABDOMEN + PELVIS WITH CONTRAST  
CT ANGIO NECK  
CT C-SPINE (2D RECONS C-SPINE FROM ANGIO OR SOFT TISSUE NECK)  
CT CHEST W CONTRAST  
CT L-SPINE (2D RECONS L-SPINE FROM ABD/PELVIS)  
DX CHEST 1 VIEW  
ELECTROCARDIOGRAM WITH RHYTHM STRIP

### Medications Given

Acetaminophen (OFIRMEV)  
Diph,Pertus(Acel),Tetanus Vaccine Booster-Tdap (ADACEL) Last given at 10:02 AM  
Electrolyte Solution A (PLASMA-LYTE A)  
Fentanyl (SUBLIMAZE) Last given at 1:51 PM  
Iohexol (OMNIPAQUE) Last given at 9:49 AM  
Iohexol (OMNIPAQUE) Last given at 10:00 AM

### Immunizations Given

Tdap (Adacel )

### Your End of Visit Vitals



Blood Pressure  
125/78



Temperature (Oral)  
98.2 °F



Pulse  
81



Respiration  
17



Oxygen Saturation  
97%

## What's Next

You currently have no upcoming appointments scheduled.

## Your Medication List

You have not been prescribed any medications.



## Instructions

### Injuries/Issues:

Left posterior neck stab wound involving soft tissue and trapezius only  
Superficial left abdominal abrasion/laceration  
Elevated creatinine- 1.29 (IV fluid given)

### MEDICATIONS

1. Resume all home medications as directed.
2. For pain, use Tylenol as needed.

### ACTIVITY

1. There are no activity restrictions.

### WOUND

1. Watch for signs and symptoms of infection of your wounds including; pain, redness, swelling, drainage or fever. If you notice any of these symptoms please seek medical attention.
2. Keep wound clean, dry and intact. It is ok to shower starting tomorrow. Remove the dressing, shower (it is ok to allow soapy water to run over the wound). Dry gently, replaced xeroform/gauze dressing.

### FOLLOW UP

1. Follow-up with Prison medical staff in 2 days for a wound recheck with the physician. See the medical RN every day to have your dressing changed.
2. Suggest follow up of elevated creatinine to 1.29 (2L IV fluid given)
3. Follow up chest CT in 3 months needed- see incidental findings below.

**The following are incidental findings not related to your trauma but need to be followed up on by the Prison staff:**

**Clustered groundglass nodules in the right upper lobe are likely due to infection/pneumonia. Follow-up chest CT is recommended in 3 months to ensure posttreatment clearing.**

**Mildly spiculated 4 mm right upper lobe nodule can also be reevaluated on 3 month follow-up chest CT.**

Focal bronchiolectasis in the right upper lobe.

Degenerative changes in the spine.

Cervical spine CT: Slight grade 1 anterolisthesis of C2 on C3. Mild multilevel cervical spondylosis with osteophytes and facet hypertrophic changes most prominent at C4-C5.

Small right apical parenchymal air cyst measuring approximately 8 mm.

Multiple 1.5 cm gallstones without evidence of pericolic inflammatory fat stranding or gallbladder wall thickening.

Arms of IVC filter appeared to penetrate the surrounding soft tissues without evidence of inflammation or extravasation.

Bilateral fat-containing inguinal hernias.

Right lateral thigh lipoma.

Mild degenerative disc disease of L5-S1.

The upper sternal wire is fractured.

You were seen by:

You were seen by: Schandera, Verena, MD

## ED Disposition

ED Disposition	Condition	Comment
Law Enforcement Custody		Once a regular diet is tolerated

## For Heart Failure Patients Only

For Adult Heart Failure Patients only: Weigh yourself daily and contact your doctor if you gain 2 pounds overnight or 5 pounds in a week. For Children with Heart Failure (under 16): Please consult your cardiologist for guidelines regarding weight gain.

## Follow-Up: Community Screening Results

If you received community disease screening during your ED visit, DO NOT CALL THE ED FOR RESULTS. You will be contacted by the Department of Infectious Disease directly via mail or phone call about the results of any testing performed.

## Outpatient Requisition: Present at outpatient care facility

The listed procedure or test may require authorization from your primary care provider or your insurance company. Please contact your primary care or insurance company to determine if authorization is required.

## Additional Information

**Tasleem Chechi, MPH: (916) 734-3149**  
UC Davis Health Department of Emergency Medicine  
HIV Linkage Coordinator

If your HIV test is positive, the HIV Linkage Coordinator will call you in 1-2 weeks and link you to care.

### **HIV SCREENING**

### **PATIENT HANDOUT**

*Screening, Diagnosis and Linkage to Care*

During your visit today, you were tested for HIV as a routine part of clinical or preventive care. The HIV test result was not available at the time you were discharged.

Human immunodeficiency virus (HIV) is the virus that causes AIDS. HIV lives in blood and bloody fluids like semen, vaginal fluid and breast milk. The HIV virus harms the body's immune system, making it unable to fight off infections and certain cancers.

### **Why was I screened for HIV?**

A screening test is done to detect potential health diseases in people who do not have any symptoms of disease. Testing is important because it is the only way to know if you have HIV. The sooner that HIV is detected, the sooner medical care can begin.

Early diagnosis and medical monitoring are key to better health outcomes. At the UC Davis Department of Emergency Medicine we follow good medical practice and public health law by testing all eligible patients ages 18 through 64 for HIV.

### **What will the test tell me?**

If the test is:



**Positive** - You are infected with HIV. You are not alone. HIV treatment is effective and easy to take and has few or no side effects. **We will follow up with you and connect you with a provider who specializes in treating HIV if your HIV test is positive.**



**Negative** - You are **NOT** infected with HIV at this time. Take ACTION and remain HIV free by protecting yourself from HIV. Talk to your health care provider about Pre-exposure prophylaxis (PrEP). PrEP may be an option to help protect you from HIV.

## Additional Information (continued)

The results of the test will be ready in 1-2 weeks. If your HIV test comes back positive, we will call you. If your HIV test is negative you will not be called.

**How can I protect myself from HIV?**

In order to minimize risk of transmission to others and oneself:

- Do not share needles or any other injection equipment (syringes, cotton, cooker, water, etc.).
- Do not share personal care items that may have blood on them such as razors, toothbrushes or nail clippers.
- Practice safer sex by using condoms

**\*Please note:** You cannot get infected with HIV by: hugging, or through air or water, saliva, sweat, tears, closed-mouth kissing or by sharing eating utensils or drinking glasses

If you are HIV negative and can answer "yes" to any of the questions below, PrEP might be an HIV prevention strategy to consider. Talk to your health care provider about PrEP. PrEP may be an option to help protect you from HIV.

- ☐ Are you having sex with someone whose HIV status you don't know?
- ☐ Are you gay or bisexual who has had anal sex without using condom?
- ☐ Are you having anal and/or vaginal sex with more than one partner and use condoms sometimes or not at all?
- ☐ Have you been diagnosed with a Sexually Transmitted Disease (STD) in the past 6 months?
- ☐ Are you in a relationship with an HIV-positive partner?
- ☐ Have you injected drugs in the past 6 months?
- ☐ If you are a woman, are you trying to safely have a child with an HIV-positive partner?

**Other Resources**

Needle Exchange Programs
<ul style="list-style-type: none"> <li>• Harm Reduction Services               <ul style="list-style-type: none"> <li>◦ 2800 Stockton Blvd. Sacramento, CA 95817: <b>916-456-4849</b></li> </ul> </li> <li>• Safer Alternatives thru Networking and Education (SANE)               <ul style="list-style-type: none"> <li>◦ 4433 Florin Rd, Ste 740, Sacramento CA 95823: <b>916-397-2434</b></li> </ul> </li> </ul>
Centers for Disease Control and Prevention
<p><a href="https://www.cdc.gov/actagainstaids/basics/">https://www.cdc.gov/actagainstaids/basics/</a>  <a href="http://www.cdc.gov/hiv/">http://www.cdc.gov/hiv/</a></p>

Additional Information (continued)

**CDC National HIV & AIDS Hotline:**

English/Spanish 1-800-CDC-INFO (232-4636)

Deaf Access 1-888-232-6348 (TTD/TTY)

**California HIV/AIDS Hotline:**

English/Spanish 1-800-367-AIDS (1-800-367-2437)

TDD 1-888-225-AIDS (1-800-225-2437)

**Tasleem Chechi, MPH: (916) 734-3149**

*UC Davis Health Department of Emergency Medicine*

*Hepatitis C Linkage Coordinator*

If your Hepatitis C RNA test is positive, the Hepatitis C Linkage Coordinator will call you in 1-2 weeks and link you to care.

**Hepatitis C SCREENING PATIENT HANDOUT**

*Screening, Diagnosis and Linkage to Care*

During your visit today, you were tested for hepatitis C as a routine part of clinical or preventive care. The hepatitis C test result was not available at the time you were discharged.

Hepatitis C is a common infection caused by a virus that is spread through blood to blood contact. Without treatment, Hepatitis C can lead to liver disease, cirrhosis (liver scarring), and liver cancer.

**.Why was I screened for hepatitis C?**

Screening is testing for a disease in people who have no symptoms. Many people who have hepatitis C don't have symptoms and don't know they have hepatitis C. Screening tests can help doctors diagnose and treat hepatitis C before it causes serious health problems.

Early diagnosis and medical monitoring are key to better health outcomes. At the UC Davis Department of Emergency Medicine we follow good medical practice and public health law by testing all eligible patients with specific risk factors for infection or when a person shows signs of liver disease. Experts also recommend routine testing for people born between 1945 and 1965, because the risk of infection is high in this group.

**What will the test tell me?**

There are two blood tests that need to be done to determine if you have hepatitis C: **Hepatitis C Antibody** and **Hepatitis C RNA test**.

The first test your doctor will perform is the **hepatitis C "antibody" test**. This test will tell whether you were exposed to the hepatitis C virus at some time in your life. If the hepatitis C antibody test is positive it means that you were exposed to the hepatitis C virus at some time in your life.

If your hepatitis C antibody test is positive, then your doctor will perform a second test to see if you still have the hepatitis C virus in your body. This test is called the **hepatitis C RNA test**.

If the **Hepatitis C RNA** test is:

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## Additional Information (continued)



**Positive** - You are infected with Hepatitis C. Don't worry, treatments for Hepatitis C are effective and most people can be cured with medication. We will follow up with you and connect you with a provider who specializes in Hepatitis C care if you test positive for Hepatitis C RNA.



**Negative** - You are **NOT** infected with Hepatitis C. But if you have shared needles for drugs, tattooing, or body piercing in the last 3-6 months you **NEED** another hepatitis C test in 3-6 months.

### Why do I need to be retested?

The hepatitis C test you just had does not look for the hepatitis C virus itself. It looks for the cells in your body that fight hepatitis C. These are called antibodies, and the body starts making them in reaction to the hepatitis virus. It can take your body up to 3 months to make these cells. **So, if you had an exposure in the last 3-6 months, you could still be infected with hepatitis C even though today's test result is negative! You will need another test in the next 3-6 months**

The results of the test will be ready in 1-2 weeks. If your hepatitis C RNA test comes back positive, our Linkage Coordinator, **Tasleem Chechi**, will call you. If your tests are negative for hepatitis C or show no evidence of hepatitis C infection you will not be called.

### How can I protect myself from hepatitis C?

A negative hepatitis C test does not protect you from hepatitis C in the future — you can still get this disease and you need to protect yourself.

In order to minimize risk of transmission to others and oneself:

- Do not share needles or any other injection equipment (syringes, cotton, cooker, water, etc.).
- Do not share personal care items that may have blood on them such as razors, toothbrushes or nail clippers.
- Practice safer sex by using condoms

**\*Please note:** Hepatitis C is not spread through casual contact such as: sneezing, coughing, hugging and sharing eating utensils or drinking glasses

### OTHER PATIENT RESOURCES

**Needle Exchange Programs**

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Additional Information (continued)

- Harm Reduction Services
  - 2800 Stockton Blvd. Sacramento, CA 95817: **916-456-4849**
- Safer Alternatives thru Networking and Education (SANE)
  - 4433 Florin Rd, Ste 740, Sacramento CA 95823: **916-397-2434**

**Centers for Disease Control and Prevention**

<http://www.cdc.gov/hepatitis/C/index.htm>

<http://www.cdc.gov/hepatitis/HCV/PatientEduHCV.htm>

- 100<sup>th</sup> Ave and Pearmain Street (Thursdays 6pm-8pm )

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08/06/2019 - ED in EMERGENCY - PAVILION

Imaging

Imaging

CT ANGIO NECK [221258622] (Final result)

Electronically signed by: Savko, Kimberly Dawn, NP on 08/06/19 0911 Status: Completed  
This order may be acted on in another encounter.  
Ordering user: Savko, Kimberly Dawn, NP 08/06/19 0911 Ordering provider: Savko, Kimberly Dawn, NP  
Authorized by: Savko, Kimberly Dawn, NP Ordering mode: Standard  
Class: Inpatient Normal Quantity: 1  
Lab status: Final result Instance released by: Savko, Kimberly Dawn, NP (auto-released) 8/6/2019 9:11 AM

Questionnaire

Question	Answer
"I authorize the Radiologist to modify the parameters of this test as medically necessary based on the clinical indications for the study. This includes administration of IV or PO contrast."	Yes

Order comments: Signs/Symptoms or Diagnosis: Pain S/P Trauma Special Instructions: Evaluate for vascular injury

End Exam Questions

Answer	Comment
Was the patient shielded?	
Was the exam explained to the patient?	
Are images available in PACS? Yes	
Was contrast administered with another exam?	
Should this exam be reviewed for limited or no charge?	

CT ANGIO NECK [221258622]

Resulted: 08/06/19 1212, Result status: Final result

Ordering provider: Savko, Kimberly Dawn, NP 08/06/19 0911 Order status: Completed  
Resulted by: Filed by: Interface Radiant, Ib Results 08/06/19 1214  
Ozturk, Arzu, MD  
Teh, Richard Andrew, DO  
Performed: 08/06/19 0921 - 08/06/19 0958 Accession number: 201908060864  
Resulting lab: IDX  
Narrative:  
CT ANGIO NECK  
EXAM DATE: 8/6/2019 9:58 AM.  
COMPARISON: None

INDICATION: Trauma; Signs/Symptoms or Diagnosis: Pain S/P Trauma Special Instructions: Evaluate for vascular injury

TECHNIQUE: Axial CT images of the neck were obtained in soft tissue algorithm in the arterial phase during administration of 100 cc of Omnipaque at 4 mL/sec. Coronal and sagittal average and maximal intensity projection reformatted images were also obtained. 3-D reconstructed images were obtained on a separate workstation.

DOSE REPORT:

This study involved (3) CT acquisition(s). The CT DIvol and DLP values are included below as required by state law:

- 1; Series: 200; Neck; 32 cm; CT DIvol=21.9 mGy; DLP 11 mGy-cm
- 2; Series: 2; Neck; 32 cm; CT DIvol=19.9 mGy; DLP 774.7 mGy-cm
- 3; Series: 6; Neck; 32 cm; CT DIvol=18.7 mGy; DLP 293 mGy-cm

For further information on CT radiation dose, see  
<http://www.ucdmc.ucdavis.edu/radiology/RadiationDose.html>

FINDINGS:

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Imaging (continued)

Aortic Arch: Normal.

Left carotid: No occlusion, high-grade stenosis, or vascular injury.

Right carotid: No occlusion, high-grade stenosis, or vascular injury.

Vertebrobasilar: No occlusion, high-grade stenosis, or vascular injury.

Soft tissues: Left posterior neck laceration with left paraspinal and left trapezius muscular edema and emphysema.

Bones: No fracture.

IMPRESSION:

1. No occlusion, high-grade stenosis, or vascular injury.
2. Left posterior neck laceration with paraspinal edema and mild subcutaneous emphysema.

Preliminary Report Electronically Signed By: Richard Teh on 8/6/2019 11:05 AM

I have personally reviewed the images of this study and agree with the above report.

Final Report Electronically Signed By: Arzu Ozturk on 8/6/2019 12:12 PM

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51 - Unknown	IDX	Unknown	Unknown	10/16/05 1440 - Present

Study Result

CT ANGIO NECK  
EXAM DATE: 8/6/2019 9:58 AM.  
COMPARISON: None

INDICATION: Trauma; Signs/Symptoms or Diagnosis: Pain S/P Trauma Special  
Instructions: Evaluate for vascular injury

TECHNIQUE: Axial CT images of the neck were obtained in soft tissue algorithm in the arterial phase during administration of 100 cc of Omnipaque at 4 mL/sec. Coronal and sagittal average and maximal intensity projection reformatted images were also obtained. 3-D reconstructed images were obtained on a separate workstation.

DOSE REPORT:

This study involved (3) CT acquisition(s). The CTDIvol and DLP values are included below as required by state law:

- 1; Series: 200; Neck; 32 cm; CTDIvol=21.9 mGy; DLP 11 mGy-cm
- 2; Series: 2; Neck; 32 cm; CTDIvol=19.9 mGy; DLP 774.7 mGy-cm
- 3; Series: 6; Neck; 32 cm; CTDIvol=18.7 mGy; DLP 293 mGy-cm

AUG 08 2019

For further information on CT radiation dose, see  
<http://www.ucdmc.ucdavis.edu/radiology/RadiationDose.html>



Imaging (continued)

FINDINGS:

Aortic Arch: Normal.

Left carotid: No occlusion, high-grade stenosis, or vascular injury.

Right carotid: No occlusion, high-grade stenosis, or vascular injury.

Vertebrobasilar: No occlusion, high-grade stenosis, or vascular injury.

Soft tissues: Left posterior neck laceration with left paraspinal and left trapezius muscular edema and emphysema.

Bones: No fracture.

IMPRESSION:

1. No occlusion, high-grade stenosis, or vascular injury.
2. Left posterior neck laceration with paraspinal edema and mild subcutaneous emphysema.

Preliminary Report Electronically Signed By: Richard Teh on 8/6/2019 11:05 AM

I have personally reviewed the images of this study and agree with the above report.

Final Report Electronically Signed By: Arzu Ozturk on 8/6/2019 12:12 PM

Signed

Electronically signed by Ozturk, Arzu, MD on 8/6/19 at 1212 PDT

CT C-SPINE (2D RECONS C-SPINE FROM ANGIO OR SOFT TISSUE NECK) [221263284] (Final result)

Electronically signed by: White, Eric, Rad Tech on 08/06/19 0911

Status: Completed

This order may be acted on in another encounter.

Ordering user: White, Eric, Rad Tech 08/06/19 0911

Ordering provider: Savko, Kimberly Dawn, NP

Authorized by: Savko, Kimberly Dawn, NP

Ordering mode: Per Rad Protocol

Class: Inpatient Normal

Quantity: 1

Lab status: Final result

Instance released by: White, Eric, Rad Tech 8/6/2019 9:48 AM

Order comments: Special Instructions:

End Exam Questions

	Answer	Comment
Was the patient shielded?		
Was the exam explained to the patient?		
Are images available in PACS?	Yes	
Was contrast administered with another exam?		
Should this exam be reviewed for limited or no charge?		

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CT C-SPINE (2D RECONS C-SPINE FROM ANGIO OR SOFT TISSUE NECK) [221263284]

Resulted: 08/06/19 1154, Result status: Final result

Ordering provider: Savko, Kimberly Dawn, NP 08/06/19 0911

Order status: Completed

Resulted by:

Filed by: Interface Radiant, Ib Results 08/06/19 1156

Ozturk, Arzu, MD

08/06/2019 - ED in EMERGENCY - PAVILION (continued)

Imaging (continued)

Teh, Richard Andrew, DO  
Performed: 08/06/19 0921 - 08/06/19 0958 Accession number: 201908060867  
Resulting lab: IDX  
Narrative:  
CT C-SPINE (2D RECONS C-SPINE FROM ANGIO OR SOFT TISSUE NECK)  
EXAM DATE: 8/6/2019 9:58 AM  
COMPARISON: Correlated with concurrent CT angiogram neck.

INDICATION: Multisystem trauma;Special Instructions:

TECHNIQUE: Using Canon ultra high-resolution CT, reconstructed Axial, sagittal and coronal images of the cervical spine from CT angiogram of the neck.

DOSE REPORT: Refer to CTA neck for dose information.

FINDINGS:

Alignment: There is mild reversal of the normal cervical lordosis with kyphosis centered at C4. Slight grade 1 anterolisthesis of C2 on C3.

Vertebrae: No acute fracture or destructive changes. Mild multilevel cervical spondylosis with osteophytes and facet hypertrophic changes most prominent at C4-C5. There is no significant spinal canal stenosis. The cervical spinal canal appears congenitally narrow.

Prevertebral and paraspinal soft tissues: Detailed on concurrent CT angiogram neck.

Small right apical parenchymal air cyst measuring approximately 8 mm.

IMPRESSION:

1. No acute fracture or subluxation of the cervical spine.

Preliminary Report Electronically Signed By: Richard Teh on 8/6/2019 11:00 AM

I have personally reviewed the images of this study and agree with the above report.

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Final Report Electronically Signed By: Arzu Ozturk on 8/6/2019 11:54 AM

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51 - Unknown	IDX	Unknown	Unknown	10/16/05 1440 - Present

Study Result

CT C-SPINE (2D RECONS C-SPINE FROM ANGIO OR SOFT TISSUE NECK)  
EXAM DATE: 8/6/2019 9:58 AM  
COMPARISON: Correlated with concurrent CT angiogram neck.

INDICATION: Multisystem trauma;Special Instructions:

TECHNIQUE: Using Canon ultra high-resolution CT, reconstructed Axial, sagittal and coronal images of the cervical spine from CT angiogram of the neck.

08/06/2019 - ED in EMERGENCY - PAVILION (continued)

Imaging (continued)

DOSE REPORT: Refer to CTA neck for dose information.

FINDINGS:

Alignment: There is mild reversal of the normal cervical lordosis with kyphosis centered at C4. Slight grade 1 anterolisthesis of C2 on C3.

Vertebrae: No acute fracture or destructive changes. Mild multilevel cervical spondylosis with osteophytes and facet hypertrophic changes most prominent at C4-C5. There is no significant spinal canal stenosis. The cervical spinal canal appears congenitally narrow.

Prevertebral and paraspinal soft tissues: Detailed on concurrent CT angiogram neck.

Small right apical parenchymal air cyst measuring approximately 8 mm.

IMPRESSION:

1. No acute fracture or subluxation of the cervical spine.

Preliminary Report Electronically Signed By: Richard Teh on 8/6/2019 11:00 AM

I have personally reviewed the images of this study and agree with the above report.

Final Report Electronically Signed By: Arzu Ozturk on 8/6/2019 11:54 AM

Signed

Electronically signed by Ozturk, Arzu, MD on 8/6/19 at 1154 PDT

CT ABDOMEN + PELVIS WITH CONTRAST [221258624] (Final result)

Electronically signed by: Savko, Kimberly Dawn, NP on 08/06/19 0911

Status: Completed

This order may be acted on in another encounter.

Ordering user: Savko, Kimberly Dawn, NP 08/06/19 0911

Ordering provider: Savko, Kimberly Dawn, NP

Authorized by: Savko, Kimberly Dawn, NP

Ordering mode: Standard

Class: Inpatient Normal

Quantity: 1

Lab status: Final result

Instance released by: Savko, Kimberly Dawn, NP (auto-released) 8/6/2019 9:11 AM

Questionnaire

Question	Answer
"I authorize the Radiologist to modify the parameters of this test as medically necessary based on the clinical indications for the study. This includes administration of IV or PO contrast."	Yes

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Order comments: Signs/Symptoms or Diagnosis: Pain S/P Trauma Special Instructions: IV Contrast only

End Exam Questions

Answer	Comment
Was the patient shielded?	
Was the exam explained to the patient?	
Are images available in PACS?	Yes
Was contrast administered with another	

08/06/2019 - ED in EMERGENCY - PAVILION (continued)

Imaging (continued)

exam?

Should this exam be reviewed for  
limited or no charge?

CT ABDOMEN + PELVIS WITH CONTRAST [221258624]

Resulted: 08/06/19 1135, Result status: Final result

Ordering provider: Savko, Kimberly Dawn, NP 08/06/19 0911

Order status: Completed

Resulted by:

Filed by: Interface Radiant, lb Results 08/06/19 1137

Momenin, Nima, MD

Pham, David V, MD

Performed: 08/06/19 0922 - 08/06/19 0949

Accession number: 201908060869

Resulting lab: IDX

Narrative:

CT ABDOMEN + PELVIS WITH CONTRAST

EXAM DATE: 8/6/2019 9:49 AM

COMPARISON: None

INDICATION: Pain S/P Trauma after stab wound to the left neck.

TECHNIQUE: Helically acquired contrast enhanced multidetector CT of the abdomen and pelvis acquired in the portal venous phase. Uneventful administration of 125 mL of Omnipaque 350 injected intravenously. No oral contrast was administered. Images were acquired in the axial plane and reformatted in coronal and sagittal planes.

DOSE REPORT: Please refer the concurrent CT chest for radiation dose report.

FINDINGS:

Lower Chest: Please refer to the concurrent CT chest

Liver: Unremarkable.

Bile Ducts: No evidence of intra or extrahepatic biliary ductal dilatation.

Gallbladder: Multiple 1.5 cm gallstones without evidence of pericolic inflammatory fat stranding or gallbladder wall thickening.

Pancreas: Unremarkable.

Spleen: Unremarkable.

Adrenal Glands: Unremarkable.

Kidneys: Status post right nephrectomy with residual surgical sutures/clips within the nephrectomy bed.

GI Tract: Unremarkable.

Peritoneal Cavity: No free fluid or free air.

Bladder: Unremarkable.

Prostate and Seminal Vesicles: Unremarkable.

Lymph Nodes: No lymphadenopathy.

Major Vascular Structures: IVC filter terminates at the junction of the IVC and left renal vein. Arms of IVC filter appeared to penetrate the surrounding soft tissues without evidence of inflammation or extravasation.

Soft Tissues: Bilateral fat-containing inguinal hernias. Right lateral thigh lipoma.

Musculoskeletal: No acute osseous abnormality. Mild degenerative disc disease of L5-S1.

IMPRESSION:

1. No acute traumatic intra-abdominal or intrapelvic abnormalities.
2. Cholelithiasis without evidence of cholecystitis.
3. Postoperative changes from right nephrectomy.
4. IVC filter is in place with arms extending through the wall of the IVC without evidence of complication.

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I have personally reviewed the images of this study and agree with the above report.

Final Report Electronically Signed By: Nima Momenin on 8/6/2019 11:35 AM

Testing Performed By



08/06/2019 - ED in EMERGENCY - PAVILION (continued)

Imaging (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51 - Unknown	IDX	Unknown	Unknown	10/16/05 1440 - Present

Study Result

CT ABDOMEN + PELVIS WITH CONTRAST  
EXAM DATE: 8/6/2019 9:49 AM  
COMPARISON: None

INDICATION: Pain S/P Trauma after stab wound to the left neck.

TECHNIQUE: Helically acquired contrast enhanced multidetector CT of the abdomen and pelvis acquired in the portal venous phase. Uneventful administration of 125 mL of Omnipaque 350 injected intravenously. No oral contrast was administered. Images were acquired in the axial plane and reformatted in coronal and sagittal planes.

DOSE REPORT: Please refer the concurrent CT chest for radiation dose report.

FINDINGS:

Lower Chest: Please refer to the concurrent CT chest

Liver: Unremarkable.

Bile Ducts: No evidence of intra or extrahepatic biliary ductal dilatation.

Gallbladder: Multiple 1.5 cm gallstones without evidence of pericolic inflammatory fat stranding or gallbladder wall thickening.

Pancreas: Unremarkable.

Spleen: Unremarkable.

Adrenal Glands: Unremarkable.

Kidneys: Status post right nephrectomy with residual surgical sutures/clips within the nephrectomy bed.

GI Tract: Unremarkable.

Peritoneal Cavity: No free fluid or free air.

Bladder: Unremarkable.

Prostate and Seminal Vesicles: Unremarkable.

Lymph Nodes: No lymphadenopathy.

Major Vascular Structures: IVC filter terminates at the junction of the IVC and left renal vein. Arms of IVC filter appeared to penetrate the surrounding soft tissues without evidence of inflammation or extravasation.

Soft Tissues: Bilateral fat-containing inguinal hernias. Right lateral thigh lipoma.

Musculoskeletal: No acute osseous abnormality. Mild degenerative disc disease of L5-S1.

IMPRESSION:

1. No acute traumatic intra-abdominal or intrapelvic abnormalities.
2. Cholelithiasis without evidence of cholecystitis.
3. Postoperative changes from right nephrectomy.
4. IVC filter is in place with arms extending through the wall of the IVC without evidence of complication.

I have personally reviewed the images of this study and agree with the above report.

Final Report Electronically Signed By: Nima Momenin on 8/6/2019 11:35 AM

AUG 08 2019

Signed

Electronically signed by Momenin, Nima, MD on 8/6/19 at 1135 PDT

CT L-SPINE (2D RECONS L-SPINE FROM ABD/PELVIS) [221258625] (Final result)

Electronically signed by: Savko, Kimberly Dawn, NP on 08/06/19 0911

Status: Completed

This order may be acted on in another encounter.

Ordering user: Savko, Kimberly Dawn, NP 08/06/19 0911

Ordering provider: Savko, Kimberly Dawn, NP

Authorized by: Savko, Kimberly Dawn, NP

Ordering mode: Standard

Class: Inpatient Normal

Quantity: 1

Imaging (continued)

Lab status: Final result

Instance released by: Savko, Kimberly Dawn, NP (auto-released) 8/6/2019 9:11 AM

Questionnaire

Question	Answer
"I authorize the Radiologist to modify the parameters of this test as medically necessary based on the clinical indications for the study. This includes administration of IV or PO contrast."	Yes

Order comments: Signs/Symptoms or Diagnosis: Pain S/P Trauma Special Instructions: Reconstruct L Spine

End Exam Questions

Answer	Comment
Was the patient shielded?	
Was the exam explained to the patient?	
Are images available in PACS? Yes	
Was contrast administered with another exam?	
Should this exam be reviewed for limited or no charge?	

CT L-SPINE (2D RECONS L-SPINE FROM ABD/PELVIS) [221258625] Resulted: 08/06/19 1138, Result status: Final result

Ordering provider: Savko, Kimberly Dawn, NP 08/06/19 0911 Order status: Completed  
Resulted by: Filed by: Interface Radiant, Ib Results 08/06/19 1140  
Momenin, Nima, MD  
Pham, David V. MD  
Performed: 08/06/19 0922 - 08/06/19 0949 Accession number: 201908060870  
Resulting lab: IDX  
Narrative:  
CT L-SPINE (2D RECONS L-SPINE FROM ABD/PELVIS)  
EXAM DATE: 8/6/2019 9:49 AM  
COMPARISON: None

INDICATION: Trauma, high energy; Signs/Symptoms or Diagnosis: Pain S/P Trauma Special Instructions: Reconstruct L Spine

TECHNIQUE: Helical data set acquired during CT abdomen and pelvis exam was retro-reconstructed in bone windows in the axial, sagittal and coronal planes.

DOSE REPORT: Data set was acquired via reformat from CT abdomen/pelvis without additional radiation dose to the patient.

FINDINGS:

Alignment: There is normal alignment of the spine.

Vertebrae: No acute fracture or destructive changes. Mild degenerative disc disease of L5-S1 with small marginal osteophyte formation and endplate degenerative changes are noted. There is no significant spinal canal stenosis.

Prevertebral and paraspinal soft tissues: Please refer to the concurrent CT abdomen pelvis.

IMPRESSION:

1. No acute fracture or post-traumatic malalignment.

I have personally reviewed the images of this study and agree with the above report.

Final Report Electronically Signed By: Nima Momenin on 8/6/2019 11:38 AM

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08/06/2019 - ED in EMERGENCY - PAVILION (continued)

Imaging (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51 - Unknown	IDX	Unknown	Unknown	10/16/05 1440 - Present

Study Result

CT L-SPINE (2D RECONS L-SPINE FROM ABD/PELVIS)

EXAM DATE: 8/6/2019 9:49 AM

COMPARISON: None

INDICATION: Trauma, high energy; Signs/Symptoms or Diagnosis: Pain S/P  
Trauma Special Instructions: Reconstruct L Spine

TECHNIQUE: Helical data set acquired during CT abdomen and pelvis exam was retro-reconstructed in bone windows in the axial, sagittal and coronal planes.

DOSE REPORT: Data set was acquired via reformat from CT abdomen/pelvis without additional radiation dose to the patient.

FINDINGS:

Alignment: There is normal alignment of the spine.

Vertebrae: No acute fracture or destructive changes. Mild degenerative disc disease of L5-S1 with small marginal osteophyte formation and endplate degenerative changes are noted. There is no significant spinal canal stenosis.

Prevertebral and paraspinal soft tissues: Please refer to the concurrent CT abdomen pelvis.

IMPRESSION:

1. No acute fracture or post-traumatic malalignment.

I have personally reviewed the images of this study and agree with the above report.

Final Report Electronically Signed By: Nima Momenin on 8/6/2019 11:38 AM

Signed

Electronically signed by Momenin, Nima, MD on 8/6/19 at 1138 PDT

CT CHEST W CONTRAST [221260326] (Edited Result - FINAL)

Electronically signed by: McGrath, Jennifer Graves, NP on 08/06/19 0924

Status: Completed

This order may be acted on in another encounter.

Ordering user: McGrath, Jennifer Graves, NP 08/06/19 0924

Ordering provider: McGrath, Jennifer Graves, NP

Authorized by: McGrath, Jennifer Graves, NP

Ordering mode: Standard

Class: Inpatient Normal

Quantity: 1

Lab status: Edited Result - FINAL

Instance released by: McGrath, Jennifer Graves, NP (auto-released) 8/6/2019 9:24 AM

Questionnaire

Question	Answer
"I authorize the Radiologist to modify the parameters of this test as medically necessary based on the clinical indications for the study. This includes administration of IV or PO contrast."	Yes
Pager #:	5512

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Order comments: Signs/Symptoms: Stab wound, blunt trauma to abdomen

08/06/2019 - ED in EMERGENCY - PAVILION (continued)

Imaging (continued)

End Exam Questions

	Answer	Comment
Was the patient shielded?		
Was the exam explained to the patient?		
Are images available in PACS?	Yes	
Was contrast administered with another exam?		
Should this exam be reviewed for limited or no charge?		

CT CHEST W CONTRAST [221260326] (Abnormal)

Resulted: 08/06/19 1517, Result status: Edited  
Result - FINAL

Ordering provider: McGrath, Jennifer Graves, NP 08/06/19 0924 Order status: Completed  
Resulted by: Helmy, Marwah, MD Filed by: Interface Radiant, Ib Results 08/06/19 1642  
Laroy, Jennifer, MD  
Performed: 08/06/19 0922 - 08/06/19 0949 Accession number: 201908060878  
Resulting lab: IDX  
Addenda signed by Helmy, Marwah, MD on 08/06/19 1517

----- ADDENDUM #1 -----

4 mm right upper lobe nodule with mild adjacent groundglass density and without significant spiculation, can also be reevaluated on 3 month follow-up chest CT.

Final Report Electronically Signed By: Marwah Helmy, M.D. on 8/6/2019 3:17 PM

Narrative:

CT CHEST W CONTRAST

EXAM DATE: 8/6/2019 9:49 AM

COMPARISON: Chest radiograph/16/2019 at 0913

INDICATION: 42-year-old male with chest pain after trauma.

TECHNIQUE: Contrast-enhanced CT scan of the chest was performed following the uneventful intravenous administration of 100 mL of Omnipaque 350. Coronal, sagittal, and maximum intensity projection images were reformatted.

DOSE REPORT:

This study involved (2) CT acquisition(s). The CTDIvol and DLP values are included below as required by state law:

- 1; Series: 2; Chest/Abdomen/Pelvis; 32 cm; CTDIvol=20.2 mGy; DLP 848.7 mGy-cm
- 2; Series: 3; Chest/Abdomen/Pelvis; 32 cm; CTDIvol=10.7 mGy; DLP 584.8 mGy-cm

For further information on CT radiation dose, see  
<http://www.ucdmc.ucdavis.edu/radiology/RadiationDose.html>

FINDINGS:

LOWER NECK AND CHEST WALL: Visualized portions of the thyroid gland are unremarkable. No significant axillary lymphadenopathy.

MEDIASTINUM AND HILA: No evidence of mediastinal hematoma or pneumomediastinum. No significant mediastinal or hilar lymphadenopathy.

CARDIOVASCULAR: The heart and great vessels are within normal limits. There is no evidence of injury to the great vessels.

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Imaging (continued)

LUNGS, AIRWAYS, AND PLEURA: Bilateral atelectasis. Left upper lobe scarring. Clustered groundglass nodules in the right upper lobe are likely due to infection/pneumonia.

4 mm solid noncalcified mildly spiculated right upper lobe nodule on series 10 image 115.

Focal bronchiolectasis in the right upper lobe. The central airways are patent.

No evidence of pleural effusion or pneumothorax.

UPPER ABDOMEN: Reported separately.

BONES: There are postoperative changes of median sternotomy. Degenerative changes in the spine. No evidence of acute fracture or subluxation.

IMPRESSION:

1. No evidence of acute intrathoracic injury identified. No evidence of acute fracture or subluxation.
2. Clustered groundglass nodules in the right upper lobe are likely due to infection/pneumonia. Follow-up chest CT is recommended in 3 months to ensure posttreatment clearing.
3. Mildly spiculated 4 mm right upper lobe nodule can also be reevaluated on 3 month follow-up chest CT.

#@@#

I have personally reviewed the images of this study and agree with the above report.

Final Report Electronically Signed By: Marwah Helmy, M.D. on 8/6/2019 11:44 AM

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51 - Unknown	IDX	Unknown	Unknown	10/16/05 1440 - Present

Study Result

Addendum by Helmy, Marwah, MD on Tue Aug 6, 2019 3:17 PM

----- ADDENDUM #1 -----

4 mm right upper lobe nodule with mild adjacent groundglass density and without significant spiculation, can also be reevaluated on 3 month follow-up chest CT.

Final Report Electronically Signed By: Marwah Helmy, M.D. on 8/6/2019 3:17 PM

Finalized by Helmy, Marwah, MD on Tue Aug 6, 2019 11:44 AM

CT CHEST W CONTRAST

EXAM DATE: 8/6/2019 9:49 AM

COMPARISON: Chest radiograph/16/2019 at 0913

INDICATION: 42-year-old male with chest pain after trauma.

TECHNIQUE: Contrast-enhanced CT scan of the chest was performed following the uneventful intravenous administration of 100 mL of Omnipaque 350. Coronal, sagittal, and maximum intensity projection images were reformatted.

AUG 08 2019

Imaging (continued)

DOSE REPORT:

This study involved (2) CT acquisition(s). The CT DIvol and DLP values are included below as required by state law:

- 1; Series: 2; Chest/Abdomen/Pelvis; 32 cm; CT DIvol=20.2 mGy; DLP 848.7 mGy-cm  
2; Series: 3; Chest/Abdomen/Pelvis; 32 cm; CT DIvol=10.7 mGy; DLP 584.8 mGy-cm

For further information on CT radiation dose, see  
<http://www.ucdmc.ucdavis.edu/radiology/RadiationDose.html>

FINDINGS:

LOWER NECK AND CHEST WALL: Visualized portions of the thyroid gland are unremarkable. No significant axillary lymphadenopathy.

MEDIASTINUM AND HILA: No evidence of mediastinal hematoma or pneumomediastinum. No significant mediastinal or hilar lymphadenopathy.

CARDIOVASCULAR: The heart and great vessels are within normal limits. There is no evidence of injury to the great vessels.

LUNGS, AIRWAYS, AND PLEURA: Bilateral atelectasis. Left upper lobe scarring. Clustered groundglass nodules in the right upper lobe are likely due to infection/pneumonia.

4 mm solid noncalcified mildly spiculated right upper lobe nodule on series 10 image 115.

Focal bronchiolectasis in the right upper lobe. The central airways are patent.

No evidence of pleural effusion or pneumothorax.

UPPER ABDOMEN: Reported separately.

BONES: There are postoperative changes of median sternotomy. Degenerative changes in the spine. No evidence of acute fracture or subluxation.

IMPRESSION:

1. No evidence of acute intrathoracic injury identified. No evidence of acute fracture or subluxation.
2. Clustered groundglass nodules in the right upper lobe are likely due to infection/pneumonia. Follow-up chest CT is recommended in 3 months to ensure posttreatment clearing.
3. Mildly spiculated 4 mm right upper lobe nodule can also be reevaluated on 3 month follow-up chest CT.

###

AUG 08 2019

I have personally reviewed the images of this study and agree with the above report.

Final Report Electronically Signed By: Marwah Helmy, M.D. on 8/6/2019 11:44 AM

Signed

08/06/2019 - ED in EMERGENCY - PAVILION (continued)

Imaging (continued)

Electronically signed by Helmy, Marwah, MD on 8/6/19 at 1144 PDT  
Electronically added by Helmy, Marwah, MD on 8/6/19 at 1517 PDT

DX CHEST 1 VIEW [221257422] (Final result)

Electronically signed by: Kittle, Kelly, RN on 08/06/19 0901 Status: Completed  
This order may be acted on in another encounter.  
Ordering user: Kittle, Kelly, RN 08/06/19 0901  
Authorized by: Schandera, Verena, MD  
Class: Inpatient Normal  
Lab status: Final result  
Ordering provider: Schandera, Verena, MD  
Ordering mode: ED Triage Protocol  
Quantity: 1  
Instance released by: Kittle, Kelly, RN (auto-released) 8/6/2019 9:02 AM

Questionnaire

Question	Answer
Portable?	Yes
Ordering Physician's Pager #:	If you have questions, please contact Internal Triage at (916) 703-6576

Order comments: Pain S/P Trauma

End Exam Questions

Question	Answer	Comment
Was the patient shielded?		
Was the exam explained to the patient?		
Are images available in PACS?	Yes	
Was this exam performed portably?	Yes	
Where was the exam performed?	ED	
Should this exam be reviewed for limited or no charge?		
Was the exam performed using CR?		
KVP	105	
MAS	3.2	
DI#	2.7	

DX CHEST 1 VIEW [221257422]

Resulted: 08/06/19 0927, Result status: Final result

Ordering provider: Schandera, Verena, MD 08/06/19 0902 Order status: Completed  
Resulted by: Livoni, John Peter, MD Filed by: Interface Radiant, Ib Results 08/06/19 0929  
Performed: 08/06/19 0908 - 08/06/19 0920 Accession number: 201908060873  
Resulting lab: IDX  
Narrative:  
DX CHEST 1 VIEW  
EXAM DATE: 8/6/2019 9:20 AM  
COMPARISON: None.

INDICATION: Pain S/P Trauma

FINDINGS:

Portable supine AP radiograph. Heart size at the upper range of normal. Mediastinal width is normal considering supine positioning and mildly low lung volumes. Clear lungs coxa for minimal basilar subsegmental atelectasis. Sharp costophrenic angles. Sternal wires are noted. The upper sternal wire is fractured. No osseous fracture. No definite subcutaneous emphysema. Cannot adequately assess for the possibility of pneumothorax in the supine position. Correlate with the upcoming CT scans.

IMPRESSION:

1. No acute findings

Final Report Electronically Signed By: John Livoni, M.D. on 8/6/2019 9:27 AM

AUG 08 2019

08/06/2019 - ED in EMERGENCY - PAVILION (continued)

Imaging (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51 - Unknown	IDX	Unknown	Unknown	10/16/05 1440 - Present

Study Result

DX CHEST 1 VIEW  
EXAM DATE: 8/6/2019 9:20 AM  
COMPARISON: None.

INDICATION: Pain S/P Trauma

FINDINGS:

Portable supine AP radiograph. Heart size at the upper range of normal. Mediastinal width is normal considering supine positioning and mildly low lung volumes. Clear lungs coxa for minimal basilar subsegmental atelectasis. Sharp costophrenic angles. Sternal wires are noted. The upper sternal wire is fractured. No osseous fracture. No definite subcutaneous emphysema. Cannot adequately assess for the possibility of pneumothorax in the supine position. Correlate with the upcoming CT scans.

IMPRESSION:

1. No acute findings

Final Report Electronically Signed By: John Livoni, M.D. on 8/6/2019 9:27 AM

Signed

Electronically signed by Livoni, John Peter, MD on 8/6/19 at 0927 PDT

AUG 08 2019



# UC Davis Medical Center

**Website**

**Directions**

**Save**

3.4

328 Google reviews

Medical center in Sacramento, California

UC Davis Medical Center, formerly known as Sacramento Medical Center, is a major academic health center located in Sacramento, California. It is owned and operated by the University of California as part of its University of California, Davis campus. Wikipedia

**Address:** 2315 Stockton Blvd, Sacramento, CA 95817

**Hours:** Open 24 hours ▼

**Phone:** (916) 734-2011

**Number of beds:** 631

**Founded:** 1973

**Parent organization:** University of California, Davis

## EXHIBIT COVER PAGE



Description of this Exhibit:

Number of pages to this Exhibit: 16 pages.

JURISDICTION: {Check Only one}

- ☐ Municipal Court
- ☐ Superior Court
- ☐ Appellate Court
- ☐ State Supreme Court
- ☐ United States District Court
- ☐ Circuit Court
- ☐ United States Supreme Court
- ☐ Grand Jury
- ☒ Other 602 2nd & Third Level  
where it shows they were  
"Granted"

# Memorandum



Date : February 13, 2020

To : HERNANDEZ, P95426  
B 009 1109001L *MCSP*

Log Number: SAC-S-19-03506

Subject: **EXCEPTIONAL DELAY IN REVIEW OF APPEAL**

This is to notify you that the due date on the above referenced appeal has been extended for the following reason:

- ☐ Unavailability of the appellant, or staff or inmate witness.
- ☒ Complexity of the decision, action, or policy.
- ☐ Necessary involvement of other agencies or jurisdictions.

This notification is required per California Code of Regulations, Section 3084.8(e). The new estimated completion date is 2/28/2020.

- ☐ K. Daly, CCII
  - ☐ S. Boxall, CCII
  - ☐ J. Hess, Office Technician
  - ☐ L. O'Brian, CCII(A)
  - ☐ D. Bales, SC Lieutenant
  - ☒ J. Kelley, AGPA
  - ☐ B. Hendricks, Appeals CCII(A)
- Appeals Coordinator  
SAC

**INMATE APPEAL ASSIGNMENT NOTICE**

To: INMATE HERNANDEZ, P95426  
Current Housing: B 009 1109001L

Date: January 9, 2020

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: SAC-S-19-03506

ASSIGNED STAFF REVIEWER: AW A FAC  
APPEAL ISSUE: GRIEVANCE AGST STAFF  
DUE DATE: 02/19/2020

Inmate HERNANDEZ, this acts as a notice to you that your appeal has been sent to the above staff for SECOND level response. If you have any questions, contact the above staff member. If dissatisfied, you have 30 days from the receipt of the response to forward your appeal for THIRD level review. Third level appeals are to be mailed directly to:

Chief of Inmate Appeals  
Department of Corrections  
P. O. Box 942883  
Sacramento, CA 94283-0001

- ☐ K. Daly, CCII
  - ☐ D. Matthews, SC Lieutenant
  - ☐ S. Boxall, CCII
  - ☐ J. Hess, Office Technician
  - ☐ L. O'Brian, CCII(A)
  - ☐ A. Winston, AGPA(A)
  - ☐ D. Bales, SC Lieutenant
  - ☐ J. Kelley, AGPA
  - ☐ B. Hendricks, Appeals CCII(A)
- Appeals Coordinator  
SAC



## Memorandum

Date : January 28, 2020

To : Hernandez (P-95426)  
B-Facility Cell FB9-109L  
Mule Creek State Prison

Subject: **STAFF COMPLAINT RESPONSE - APPEAL # SAC-S-19-03506 SECOND LEVEL RESPONSE**

**APPEAL ISSUE:** On August 6, 2019, the appellant was the victim of a stabbing assault in the Group Treatment Room of the Short Term Restricted Housing (STRH) Unit (refer to the California State-Sacramento (CSP-SAC) Crime/Incident Report log# SAC-FAS-19-08-0884 – Battery on an Inmate Attempted Homicide). The appellant alleges custody staff failed to supervise the group appropriately or complete searches of inmates to ensure they did not possess weapons. The appellant further states custody staff are not trained to conduct Correctional Clinical Case Management System (CCCMS) groups in a safe manner; specifically noting General Population (GP) and Sensitive Needs Yard (SNY) inmates are allowed to attend group together.

The appellant is requesting to be released from the STRH Unit to A-Facility at Mule Creek State Prison or Richard J. Donovan State Prison Level IV SNY Yard. The appellant is also requesting a Correctional Officer present and cages in the group room. Lastly, the appellant is requesting crime photographs of the incident August 6, 2019.

All issues unrelated to the allegation of staff misconduct must be appealed separately and will not be addressed in this response.

**DETERMINATION OF ISSUE:** The appellant's allegation of staff misconduct has been reviewed by the Hiring Authority. As a result of that review, the appellant's appeal was referred for an appeal inquiry.

**SUMMARY FOR APPEAL INQUIRY:** Lieutenant (Lt.) D. Hobart interviewed the appellant on January 20, 2020, via telephone as the appellant is currently housed at Mule Creek State Prison. A review of the Test of Adult Basic Education (TABE) list reveals the appellant has a TABE score of 7.8. The appellant's Developmental Disability Program code is Normal Cognitive Functioning (NCF), indicating he does not require adaptive support services. The appellant is not assigned a Disability Placement Program code and there are no method of communication needs identified. Lt. Hobart noted the appellant spoke English and was able to answer questions related to this appeal during the interview where the appellant did not appear to have any difficulty communicating and did not display any misunderstanding of the appeal issues. The appellant restated the issues written in his appeal and specifically stated, "I was stabbed in the neck."

**An Appeal Inquiry has been conducted and reviewed by the Hiring Authority.** The following individuals were interviewed: Correctional Officer M. Burkhart. As a result of the appellant's staff misconduct allegation the following information was reviewed: the

Page 2

Inmate/Parolee Appeal form and the Crime/Incident Report authored by Correctional Officer M. Burkhart, dated August 6, 2019.

Staff did violate CDCR policy with respect to the issues raised.

**FINDINGS:**

The appellant's appeal is PARTIALLY GRANTED in that:

- An Appeal Inquiry into this allegation has been conducted.

**ALL STAFF PERSONNEL MATTERS ARE CONFIDENTIAL IN NATURE.** As such, the details of any inquiry or investigation will not be shared with staff, members of the public, or offender appellants. Although the appellant has the right to submit a staff complaint, a request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the staff complaint process. Allegations of staff misconduct do not limit or restrict the availability of further relief via the inmate appeals process.

If the appellant wishes to appeal the decision, he must submit his staff complaint appeal through all levels of appeal review up to, and including, the Secretary's Level of Review. Once a decision has been rendered at the Third Level, the appellant's administrative remedies will be considered exhausted.

Name D. Hobart Signature [Signature] January 28, 2020  
Interviewer Date

Name [Signature] J. Lynch Signature [Signature] 01/27/2020  
Hiring Authority Date

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

Inmate/Parolee Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

E. Second Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

☐ By-passed at Second Level of Review. Go to Section G.

☐ Rejected (See attached letter for instruction) Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Cancelled (See attached letter)

☒ Accepted at the Second Level of Review

Assigned to: D. Warren Title: 4 Date Assigned: 9-9-19 Date Due: \_\_\_\_\_

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: N/A 1/20/20

Interview Location: Referral - DIA VIA TELEPHONE AT MCSF

Your appeal issue is: ☐ Granted ☒ Granted in Part ☐ Denied ☐ Other: \_\_\_\_\_

See attached letter. If dissatisfied with Second Level response, complete Section F below

Interviewer: Quinn D. Horst Title: 4 Signature: [Signature] Date completed: 9-9-19

Reviewer: [Signature] Title: WIA Signature: [Signature]

Date received by AC: 9-16-19

J. Lynch 2/28/20 W(A) Ca Jones 01/07/2020 2/28/20

AC Use Only  
Date mailed/delivered to appellant 9-16-19

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

Inmate/Parolee Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

G. Third Level - Staff Use Only

This appeal has been:

☐ Rejected (See attached letter for instruction) Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Cancelled (See attached letter) Date: \_\_\_\_\_

☐ Accepted at the Third Level of Review. Your appeal issue is ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: \_\_\_\_\_

See attached Third Level response.

Third Level Use Only  
Date mailed/delivered to appellant    /    /   

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

## INMATE/PAROLEE APPEAL FORM ATTACHMENT

CDCR 602-A (REV. 03/12)

Side 1

IAB USE ONLY

Institution/Parole Region:

Log #:

Category:

SAC-S49-03506

FOR STAFF USE ONLY

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First) Hernandez Pablo	CDC Number: P95426	Unit/Cel Number:	Assignment:
---------------------------------------	-----------------------	------------------	-------------

A. Continuation of CDCR 602, Section A only (Explain your issue): body in group for weapons. Also it took the officers 5 minutes to help me after I was already stabbed twice. The second one didn't go through. Now that other inmate uncuffed his Leg Cuffs and stabbed me when this happened to me it shows that they're not trained to Run CCRMS Groups here. They even have GP inmates and SNT inmates going to groups together. My Life was in danger because you don't know how to run a safe group and there should have the groups supervised. And they should have cages because an inmate got freed and I was stabbed. I

Inmate/Parolee Signature:

Date Submitted:

8/08/19

B. Continuation of CDCR 602, Section B only (Action requested):

Also they need some cage's where they're running Group and need to always have an officer or the person running the group there along with a Correctional officer. The CCRMS Groups are not safe here. I also need to go to the Law Library To Find me a Civil Attorney. I already lost alot of my personal property and now I got stabbed on the neck while in your so called safe and supervised groups here at CSP-SAC. I would also like the crime photo's of the day I was taken to UC Davis Hospital For my civil Lawsuit.

Inmate/Parolee Signature:

Date Submitted:

8/08/19

RECEIVED  
CSP-SAC APPEAL  
9/2020  
Y 7 N O 20 AUG 12 AM 10:01



You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

**WRITE, PRINT, or TYPE CLEARLY in black or blue ink.**

**State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):**

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): On 8/06/19

B. Action requested (If you need more space, use Section B of the CDCR 602-A): To be released  
back to A yard at Mule Creek State Prison or be  
transferred to RJD State Prison Level IV yard  
(SNY) where I'm away from this prison.

**Supporting Documents:** Refer to CCR 3084.3.

☐ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

☐ No, I have not attached any supporting documents. Reason : \_\_\_\_\_

Inmate/Parolee Signature: [Signature] Date Submitted: 8/08/19

By placing my initials in this box, I waive my right to receive an interview.

### C. First Level - Staff Use Only

Staff – Check One: Is CDCR 602-A Attached? ☒ Yes ☐ No

**This appeal has been:**

☐ Bypassed at the First Level of Review. Go to Section E

☒ Rejected (See attached letter for instruction) Date: 8/21/19 - Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Canceled (See attached letter) Date: \_\_\_\_\_

☐ Accepted at the First Level of Review.

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_ Date Assigned: \_\_\_\_\_ Date Due: \_\_\_\_\_

**First Level Responder:** Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: \_\_\_\_\_ Interview Location: \_\_\_\_\_

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: \_\_\_\_\_

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print Name)

Date received by AC: \_\_\_\_\_

AC Use Only

Date mailed/delivered to appellant \_\_\_\_ / \_\_\_\_ / \_\_\_\_

State of California  
Rehabilitation

Department of Corrections and

## Memorandum

Date : September 09, 2019

To : Hernandez, P95426  
Z 001H1-198001L

Subject: **STAFF COMPLAINT RESPONSE-APPEAL # SAC-S-19-03506 SECOND LEVEL RESPONSE**

**APPEAL ISSUE:** You allege on August 06, 2019, while in the Short Term Restricted Housing Unit Group Room, you were stabbed by another inmate. You allege custody staff failed to supervise the group and failed to search inmates for weapons. You allege it took custody staff five minutes to respond. You allege custody staff are not trained on how to run groups. You allege General Population inmate and Sensitive Needs inmates are being placed into the same groups. You claim your life is in danger due to staff not knowing how to run safe groups, and not supervising groups.

All issues unrelated to the allegation of staff misconduct must be appealed separately and will not be addressed in this response. You do not exhaust administrative remedies on any unrelated issue not covered in this response or concerning any staff member not identified by you in this complaint. If you are unable to name all involved staff you may request assistance in establishing their identity.

**DETERMINATION OF ISSUE:** A review of the allegations of staff misconduct presented in the written complaint has been completed. Based upon this review your appeal is being referred to Office of Internal Affairs.

You will be interviewed during the process of your inquiry/investigation.

Your appeal is **PARTIALLY GRANTED** in that:

This matter has been referred to the Office of Internal Affairs for follow-up and a possible investigation. If investigated, upon completion of that investigation, you will be notified as to whether the allegations were SUSTAINED, NOT SUSTAINED, UNFOUNDED, EXONERATED or there was NO FINDING. In the event that the matter is not investigated, but returned by OIA to the institution or region to conduct an Appeal Inquiry, you will be notified upon the completion of that inquiry whether it was determined that staff did, or did not, violate policy.

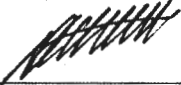
### **ALL STAFF PERSONNEL MATTERS ARE CONFIDENTIAL IN NATURE.**

- As such, the details of any inquiry will not be shared with staff, members of the public, or offender appellants.

Appeal: SAC-S-19-03506

- Although you have the right to submit a staff complaint, a request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the staff complaint process. A variety of personnel actions may be initiated by the Department based upon the content of your complaint and the outcome of any investigation or inquiry conducted as a result of your complaint.
- Allegations of staff misconduct do not limit or restrict the availability of further relief via the inmate appeals process.

If you wish to appeal the decision and/or exhaust administrative remedies, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Secretary's Third Level of Review. Once a decision has been rendered at the Third Level, administrative remedies will be considered exhausted.

Print: D. Matthews Sign:  Date: September 09, 2019  
Interviewer

Print: J. Lynch Sign:  Date: 9/11/19  
Reviewing Authority





OFFICE OF APPEALS  
P.O. BOX 942883  
SACRAMENTO, CA 94283-0001

## OFFICE OF APPEALS (THIRD LEVEL) DECISION

Date: MAR 03 2020

In re: Pablo Hernandez P95426 TLR Case No.: 1911856 Local Log No.: SAC-19-03506  
MCSP

### I. ISSUE ON APPEAL:

The claimant contends that he was the victim of attempted murder. He states that on August 6, 2019, while in a group for the Administrative Segregation Unit Correctional Clinical Case Management System inmates, he was stabbed in the neck twice by another inmate. He states that the officers did not supervise the group nor did they check the group for weapons. Then after being stabbed, he claims that it took the officers almost five minutes after the stabbing to help him. The claimant requests a transfer to "A" Yard at Mule Creek State Prison or to the Richard J. Donovan Correctional Facility; to have cages where they are running group; to always have an officer with the group; and to obtain the photographs taken at U. C. Davis for his lawsuit.

### II. RULES AND REFERENCES:

- Penal Code sections: 832.7, 832.8
- California Code of Regulations, Title 15, Sections 3004, 3068. 3268.1, 3268.2, 3270, 3271, 3391

#### A. CONTROLLING AUTHORITY:

- Department Operations Manual (DOM), Chapter 3, Article 14, Internal Affairs Investigations
- DOM Chapter 3, Article 22, Employee Discipline

#### B. DOCUMENTS CONSIDERED:

- CDCR 602 Appeal Form Log No.: SAC-19-03506
- Confidential Inquiry for Appeal SAC-19-03506 by Correctional Lieutenant D. Hobart
- Claimant's and Inmate Snowden's AU3776 Strategic Offender Management System files
- Incident Report Log No. SAC-FAS-19-08-0884

### III. REASONING AND DECISION: GRANTED

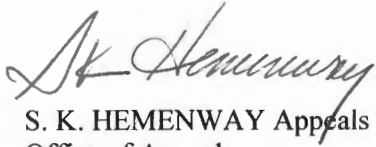
After a thorough review of all documents and evidence available at the time of this written decision, it is the order of the Office of Appeals that the appeal at the Third Level of Review is **GRANTED**. This decision exhausts the administrative remedies available to the appellant within CDCR.

Upon review of the documentation submitted, the Third Level Review Examiner determined that the claimant's allegations were appropriately reviewed and evaluated by administrative staff. The appellant is informed that all staff personnel matters are confidential in nature. If the conduct of staff was determined not in compliance with policy, the institution would take the appropriate course of action. In this case, the inquiry was completed; and, it was found that staff did violate policy with respect to the issue appealed. The institution's response complies with departmental policy and the appellant's staff complaint allegations were appropriately addressed. The Examiner notes that the claimant was transferred to MCSP on December 10, 2019, where he is currently housed.



Pablo Hernandez P95426  
Page 2 of 2

**IV. REMEDY:** No remedy available as this appeal is granted at the TLR.

A handwritten signature in dark ink, appearing to read "S. K. Hemenway", is written over the typed name and title.


S. K. HEMENWAY Appeals Examiner  
Office of Appeals

cc: Warden, SAC  
Grievance Coordinator, SAC  
Grievance Coordinator MCSP

STATE OF CALIFORNIA  
INMATE/PAROLEE APPEAL  
CDCR 602 (Rev. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY		Institution/Parole Region: <b>SAC-S-19-03506</b>	Log #:	Category:
		FOR STAFF USE ONLY		

You may appeal a Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): <b>Hernandez Pablo</b>	CDC Number: <b>P95426</b>	Unit/Cell Number: <b>Z-4-198</b>	Assignment:
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State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

**I'm a victim of Attempted Murder.**

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): **On 8/06/19 while I was in a group for CCMS inmates in Ad-Seg. I was stabbed in the neck by another because the officers didn't supervised the group, nor did they ~~any~~ any-**

B. Action requested (If you need more space, use Section B of the CDCR 602-A): **To be released back to A yard at Mule Creek State Prison or be transferred to RJD State Prison Level IV yard (SNY) where I'm away from this prison.**

Supporting Documents: Refer to CCR 3084.3.

☐ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

☐ No, I have not attached any supporting documents. Reason:

REC BY OOA

SEP 25 2019

Inmate/Parolee Signature:  Date Submitted: **8/08/19**☐ By placing my initials in this box, I waive my right to receive an interview.

## C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☒ Yes ☐ No

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E☒ Rejected (See attached letter for instruction) Date: **8/21/19** Date: Date: Date:☐ Cancelled (See attached letter) Date: Date:☐ Accepted at the First Level of Review.

Assigned to: Title: Date Assigned: Date Due:

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: Interview Location:

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other:

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: (Print Name) Title: Signature: Date completed:

Reviewer: (Print Name) Title: Signature:

Date received by AC:

AC Use Only

Date mailed/delivered to appellant \_\_\_/\_\_\_/\_\_\_

Sent to HAA TO OIA

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**D. If you are dissatisfied with the First Level response**, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

Inmate/Parolee Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**E. Second Level - Staff Use Only**Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

☐ By-passed at Second Level of Review. Go to Section G.☐ Rejected (See attached letter for instruction) Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_☐ Cancelled (See attached letter)☒ Accepted at the Second Level of ReviewAssigned to: OWATON Title: 9 Date Assigned: 9-9-19 Date Due: \_\_\_\_\_

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: N/AInterview Location: Referral - DIAYour appeal issue is: ☐ Granted ☒ Granted in Part ☐ Denied ☐ Other: \_\_\_\_\_

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: OWATON (Print Name) Title: 9 Signature: [Signature] Date completed: 9-9-19Reviewer: [Signature] (Print Name) Title: WAT Signature: [Signature]Date received by AC: 9-16-19

AC Use Only

Date mailed/delivered to appellant 9-16-19

**F. If you are dissatisfied with the Second Level response**, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

Now I want to be given \$6,500,000.00 for almost losing my life while in a group that I should of been safe at. I don't just want to have this looked at by the Office of Internal Affairs. I want to sue because CDCR failed to protect me from getting hurt and getting stabbed by another inmate while attending a group here in Administrative Housing Unit

Inmate/Parolee Signature: [Signature]Date Submitted: 9/20/19**G. Third Level - Staff Use Only**

This appeal has been:

☐ Rejected (See attached letter for instruction) Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_☐ Cancelled (See attached letter) Date: \_\_\_\_\_☐ Accepted at the Third Level of Review. Your appeal issue is ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: \_\_\_\_\_

See attached Third Level response.

Third Level Use Only

Date mailed/delivered to appellant MAR 7 2020

**H. Request to Withdraw Appeal:** I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Staff Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



STATE OF CALIFORNIA  
INMATE/PAROLEE APPEAL FORM ATTACHMENT  
CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY 19 I L 1911856	Institution/Parole Region: SAC-S49-03506 Log #: Category: FOR STAFF USE ONLY
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Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): Hernandez Pablo	CDC Number: P95426	Unit/Cell Number:	Assignment:
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A. Continuation of CDCR 602, Section A only (Explain your issue): body in group for weapons. Also it took the officers 5 minutes to help me after I was already stabbed twice. The second one didn't go through. Now that other inmate uncuffed his ~~leg~~ Leg Cuffs and stabbed me when this happened to me it shows that they're not trained to Run CCRMS Groups here. They even have GP inmates and SNT inmates going to groups together. My Life was in danger because you don't know how to run a safe group and there should have the groups supervised. And they should have cages because an inmate got freed and I was stabbed. I

REC BY OOA

SEP 25 2019

Inmate/Parolee Signature:

Date Submitted: 8/08/19

B. Continuation of CDCR 602, Section B only (Action requested): Also they need some cages where they're running Group and need to always have an officer or the person running the group there along with a Correctional officer. The CCRMS Groups are not safe here. I also need to go to the Law Library To Find me a Civil Attorney. I already lost a lot of my personal property and now I got stabbed on the neck while in your so called safe and supervised groups here at CSP-SAC. I would also like the crime photo's of the day I was taken to UC Davis Hospital For my Civil Lawsuit.

Inmate/Parolee Signature:

Date Submitted: 8/08/19

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AUG 26 PM 2:00



D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response):

Inmate/Parolee Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response):

Now Officer Burkhardt was the officer who placed the Ankle restraints on me and he didn't search anybody for weapons. And all the officers who worked here in this STRH unit took a long time to respond to my cry for help. They're still running groups here in those chairs and that's not safe. The Correctional Officers who had the groups ran in chairs didn't think about what could happen to somebody and because they didn't supervise the group or searched the inmates going to group, made it possible for somebody to get hurt, "Me". This could of been worse and I could of died. Then by them waiting five minutes to come help me, it could of been me ~~that~~ died also. Now I'm ready to go to Court because what happened to me. I haven't been to no more groups because I fear for my life and I've been stuck in my cell 24 hours a day because I don't even feel safe going to yard here. This appeal was partially granted and I'm seeking money damages for Mental and psychological distress, and for my injuries. No body should ever go through what I went through!! My life means alot to me and I feel you don't care because of the way your still running groups here. Another inmate got stabbed a week later so it's not safe.

Inmate/Parolee Signature: \_\_\_\_\_

Date Submitted: 9/20/19

State of California  
Rehabilitation

Department of Corrections and

## Memorandum

Date : September 09, 2019

To : Hernandez, P95426  
Z 001H1-198001L

Subject: **STAFF COMPLAINT RESPONSE-APPEAL # SAC-S-19-03506 SECOND LEVEL RESPONSE**

**APPEAL ISSUE:** You allege on August 06, 2019, while in the Short Term Restricted Housing Unit Group Room, you were stabbed by another inmate. You allege custody staff failed to supervise the group and failed to search inmates for weapons. You allege it took custody staff five minutes to respond. You allege custody staff are not trained on how to run groups. You allege General Population inmate and Sensitive Needs inmates are being placed into the same groups. You claim your life is in danger due to staff not knowing how to run safe groups, and not supervising groups.

All issues unrelated to the allegation of staff misconduct must be appealed separately and will not be addressed in this response. You do not exhaust administrative remedies on any unrelated issue not covered in this response or concerning any staff member not identified by you in this complaint. If you are unable to name all involved staff you may request assistance in establishing their identity.

**DETERMINATION OF ISSUE:** A review of the allegations of staff misconduct presented in the written complaint has been completed. Based upon this review your appeal is being referred to Office of Internal Affairs.

You will be interviewed during the process of your inquiry/investigation.

Your appeal is **PARTIALLY GRANTED** in that:

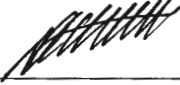
This matter has been referred to the Office of Internal Affairs for follow-up and a possible investigation. If investigated, upon completion of that investigation, you will be notified as to whether the allegations were SUSTAINED, NOT SUSTAINED, UNFOUNDED, EXONERATED or there was NO FINDING. In the event that the matter is not investigated, but returned by OIA to the institution or region to conduct an Appeal Inquiry, you will be notified upon the completion of that inquiry whether it was determined that staff did, or did not, violate policy.

**ALL STAFF PERSONNEL MATTERS ARE CONFIDENTIAL IN NATURE.**

- As such, the details of any inquiry will not be shared with staff, members of the public, or offender appellants.

- Although you have the right to submit a staff complaint, a request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the staff complaint process. A variety of personnel actions may be initiated by the Department based upon the content of your complaint and the outcome of any investigation or inquiry conducted as a result of your complaint.
- Allegations of staff misconduct do not limit or restrict the availability of further relief via the inmate appeals process.

If you wish to appeal the decision and/or exhaust administrative remedies, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Secretary's Third Level of Review. Once a decision has been rendered at the Third Level, administrative remedies will be considered exhausted.

Print: D. Matthews Sign:  Date: September 09, 2019  
Interviewer

Print: J. Lynch Sign:  Date: 9/10/19  
Reviewing Authority

## RIGHTS AND RESPONSIBILITY STATEMENT

The California Department of Corrections and Rehabilitation has added departmental language (shown inside brackets, in non-boldface type) for clarification purposes.

*Pursuant to Penal Code 148.6, anyone wishing to file an allegation of misconduct by a departmental peace officer must read, sign and submit the following statement:*

**YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER** [this includes a departmental peace officer] **FOR ANY IMPROPER POLICE** [or peace] **OFFICER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS'** [or inmates'/parolees'] **COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN** [or inmate/parolee] **COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.**

COMPLAINANT'S PRINTED NAME <i>Pablo Hernandez</i>	COMPLAINANT'S SIGNATURE <i>[Signature]</i>	DATE SIGNED <i>9/19/19</i>	
INMATE/PAROLEE PRINTED NAME <i>Pablo Hernandez</i>	INMATE/PAROLEE'S SIGNATURE <i>[Signature]</i>	CDC NUMBER <i>P95426</i>	DATE SIGNED <i>9/19/19</i>
RECEIVING STAFF'S PRINTED NAME	RECEIVING STAFF'S SIGNATURE	DATE SIGNED	

DISTRIBUTION:  
 ORIGINAL -  
 Public - Institution Head/Parole Administrator  
 Inmate/Parolee - Attach to CDC form 602  
 Employee - Institution Head/Parole Administrator  
 COPY - Complainant



- ☐ **CHECKS SUBMITTED TO THE COURT:** We are returning your check or money order for the following reason:
- ☐ We have no record of your case. Please return the funds with the appropriate case number, new complaint or petition.
  - ☐ Your check or money order is not complete. Please return the check made payable to "Clerk, USDC" and the appropriate and exact amount for the item requested.
  - ☐ The Clerk's office is not able to accept post-dated or altered checks. Please return payment made with an appropriately dated and/or unaltered check or money order.
- ☐ **REQUESTED FORMS:** Your requested forms are enclosed.
- ☐ **DOCUMENTS NOT SUBMITTED IN ENGLISH:** All documents submitted for filing must be written in English. Documents submitted in a language other than English cannot be translated.
- ☒ **E-FILING :** Pursuant to Standing Order of the Chief District Judge entitled "In Re: Procedural Rules for Electronic Submission of Prisoner Litigation filed by Plaintiffs Incarcerated at [Selected Institutions]", the document(s) can not be filed because your institution participates in the e-filing program with the court. Per the Standing Order, the document(s) is (are) returned unfiled and must be filed under E-Filing procedure with the Litigation Coordinator.
- ☐ **OTHER:**

Thank you for your future attention to this matter.

AT	9/17/2019
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Deputy Clerk

Date